To: Registration Section Division of Corporations SUBJECT: STATE WIVE ENTER PRISES, TWC(Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to the following: STATE WINE ENTERPRISE, INC.
(Firm/Company) Should you need to call someone concerning this matter, please call:

WALTER Hompshine	at (727) 320 - 9243
(Name of Person)	(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount:

\$70.00 Filing Fee

☐ \$78.75 Filing Fee & Certificate of Status □ \$78.75 Filing Fee & Certified Copy

□ \$87.50 Filing Fee, Certificate of Status &

Certified Copy

00865/00310/0011/



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 24, 1999

WALTER J. HAMPSHIRE, JR. STATEWIDE ENTERPRISES, INC. 9846 82ND ST. NO. LARGO, FL 33777

SUBJECT: STATEWIDE ENTERPRISES, INC.

Ref. Number: W99000022105

99 OCT -6 MM IO: 20
SECRETARY OF STATE
SECRETARY OF STATE
AND ANALYSISEE, FLORIDA

We have received your document for STATEWIDE ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley Document Specialist

Letter Number: 899A00046834

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. STATE WIDE ENTERPRISES, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
natural person of partnership if not so contained in the name at present.)
2. GEORGIA 3. 58-2349528
2. GEORGIA (State or country under the law of which it is incorporated) 3. 58-2349528 (FEI number, if applicable)
4. 9/29/1997 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON ALIALITICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 9846 82 ND ST- NO. LANGO PIA 33777
7. a. 9846 82 ND ST- No. LANGO, FIA 33777 (Principal office address)
b. 9846 82 ND ST. NO. LANGO FIA 22777
b. 9846 82 ND ST. No. LAIRGO, FIA _ 33777 (Current mailing address)
(Current mailing address)
8. A DOMESTIC PROFIT COMPORATION (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
·
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: WALTER J. Hampshine Jn.
Office Address: 9846 82 ST. No. LARGO , Florida 33777 (Zip code) 10. Registered agent's acceptance:
SARY -
LARGO, Florida 33777 The Third
(Zip code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to
comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with
and accept the obligations of my position as registered agent.
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All Marine and a sure of the s
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: WALTER J. HAMPShINE Jn.	
Address: 9846 82 ND ST- NO	
LARGO, FIA 33777	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: SAME AS AbovE	999 SEC
President: SAME AS AbovE Address:	P OCT RETA
	1 1 2
Vice President:	52 € 6
Address:	0: 21 17E 910A
	
Secretary: SAME AS ABOVE	
Address:	
Treasurer: SAME DI ABOVE	
Address:	
NOTE: Ye	
NOTE: If necessary, you may attach an addendum to the application listing additional officers	s and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of	the application)
14. WALTER J. HAMPSHINE JU, CHAIN MAN	
(Typed or printed name and capacity of person signing applie	cation)

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : K92560009
CONTROL NUMBER : K734964
DATE INC/AUTH/FILED: 09/29/1997
JURISDICTION : GEORGIA
PRINT DATE : 09/13/1999

FORM NUMBER : 211

BARHAM DOVER BENNETT MILLER SHERWOOD & STONE/J. MICHAEL DOVER
P.O. BOX 729
VALDOSTA, GA 316030729

99 OCT -6 AM IO: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

STATEWIDE ENTERPRISES, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, Certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox

Secretary of State

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned WALTER J. HAMPSHIRE JR, do hereby certify
that this Resolution of the Board of Directors of STATEWIDE ENTERPRISES, INC.
(Corporate Name)
a corporation duly organized and existing under the laws of the State of GFORGIA,
was duly adopted on $9/29$, 1997 .
Be it resolved, thatSTATEWIDE_ENTER PRISES, INC. (Corporate Name)
organized and existing in the State of <u>GFORG/A</u> , hereby adopts the name
SWE GAMES, INC. for use in Florida.
Dated: 10/1/99 Dated: 10/1/99 Dated: 10/1/99 Signature of electric Chairman or any officer 20
WALTER J. HAMPSHIRE, JR. Type or print name

INHS19(4/96)