116000095648

(Requestor's Name)
(itequesions rightie)
(Addross)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Spanning and the spanni

Office Use Only



400285718144

05/16/16--01001--009 **25.00

16. #*125.00 16. #*125.00 **125.00

DEEKRIMENU OF SIM

MAY 20 2016

T SCHROEDER

May 13, 2016

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301

Re:

Order #: 9997492 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Secretary of State, Florida:

Please obtain the following:

Trans Pacific Wine & Spirits, Inc. (FL) Conversion Florida

Trans Pacific Wine & Spirits, LLC (FL) Formation Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Trans Pacific Wine & Spirits, LLC (Name of Resulting Florida Limited Company) The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S. Please return all correspondence concerning this matter to: **Daniel Connelly** (Contact Person) Hogan Lovells US LLP (Firm/Company) 100 International Drive Suite 2000 (Address) Baltimore, MD 21202 (City, State and Zip Code) daniel.connelly@hoganlovells.com E-mail Address: (to be used for future annual report notifications) For further information concerning this matter, please call: **Daniel Connelly** (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: ■ \$150.00 Filing Fees \$155.00 Filing Fees □\$180.00 Filing Fees \$185.00 Filing Fees, (\$25 for Conversion and Certificate of and Certified Copy Certified Copy, and & \$125 for Articles Status Certificate of Status of Organization) STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314

INHS11 (02/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
(Enter Name of Other Business Entity)
. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
irst organized, formed or incorporated under the laws of Florida
November 5, 1998 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)
. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Frans Pacific Wine & Spirits, LLC
(Enter Name of Florida Limited Liability Company)
. If not effective on the date of filing, enter the effective date: June 20, 2016
The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the ate this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective ate listed in the attached Articles of Organization, if an effective date is listed therein.)
The plan of conversion has been approved in accordance with all applicable statutes

Page 1 of 2

Signed this day of		
Signature of Authorized Representative of Lim	ited Liability Company:	
Circum CAMA CAMA	\	
Signature of Authorized Representative:	Title Sagreton, and Traceurer	
Printed Name: Lee F. Hager	Title: Secretary and Treasurer	_
Signature(s) on behalf of Other Business Entity:		
Signature: Printed Name: Lee F. Hager		
Printed Name: Lee F. Hager	Title: Secretary and Treasurer	_
		_
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Printed Name:	Title:	_
Signature:		
Printed Name:	Title:	
Signature		
Signature:Printed Name:	Title	_
Timed Ivalies.		_
Signature:		
Signature:Printed Name:	_ Title:	
		_
<u>If Florida Corporation:</u>		
Signature of Chairman, Vice Chairman, Director, or	Officer.	
If Directors or Officers have not been selected, an In	corporator must sign.	
YCEL II C		
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ty Partnership:	
Signature of one General Partner.		
<u>If Florida Limited Partnership or Limited Liabili</u>	ty I imited Partnership	
Signatures of ALL General Partners.	ty Emined I arthership.	
All others:		
Signature of an authorized person.		
		<u> </u>
Fees:		<u> </u>
		127
Articles of Conversion:	\$25.00	SS A
Fees for Florida Articles of Organization:	\$125.00	الله (ساليم)
Certified Copy:	\$30.00 (Optional)	ار بر السرار المار ا
Certificate of Status:	\$5.00 (Optional)	0.7

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	Æ	- 1	Nα	me:

The name of the Limited Liability Company is:

Trans Pacific Wine & Spirits, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1600 NW 163rd Street 1600 NW 163rd Street	
Miami, Florida 33159 Miami, Florida 33159	_

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Breier, Seif, Silverman	& Schermer, P.A.
N	ame
2800 Ponce De Leon B	vd., Suite 1125
Florida street address (P.O. Box NOT acceptable)
Coral Gables	FL 33134
City	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Breier, Seif, Silverman & Schermer, P.A.

By:

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	SWSNHC, Inc.
	1600 NW 163rd Street
	Miami, Florida 33169
· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	te date of filing: June 20, 2016 (OPTIONAL) the specific and cannot be more than five business day
effective date is listed, the date must 90 days after the date of filing.)	te date of filing: June 20, 2016 (OPTIONAL) the specific and cannot be more than five business day
effective date is listed, the date must 90 days after the date of filing.)	te date of filing: June 20, 2016 (OPTIONAL) the specific and cannot be more than five business day
effective date is listed, the date must 90 days after the date of filing.)	te date of filing: June 20, 2016 (OPTIONAL) to be specific and cannot be more than five business day
effective date is listed, the date must 90 days after the date of filing.) [CLE VI: Other provisions, if any.	te date of filing: June 20, 2016 . (OPTIONAL) to be specific and cannot be more than five business day
effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business day
effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member	be specific and cannot be more than five business day
effective date is listed, the date must 90 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605,0203 (er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document
effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a me	er or an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true.
effective date is listed, the date must 90 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a mem	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document lalties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State wided for in a 217 155 E.S.)
REQUIRED SIGNATURE: Signature of a member of a member of a management of a member of a me	er or an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State yided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a member of a member of a marked of situation and a marked of situation and a marked on stitutes an affirmation under the pen am aware that any false information sugars on stitutes a third degree felony as proven the section of sugars of suga	er or an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document halties of perjury that the facts stated herein are true, hubmitted in a document to the Department of State yided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a member of a member of a marked of situation and a marked of situation and a marked on stitutes an affirmation under the pen am aware that any false information sugars on stitutes a third degree felony as proven the section of sugars of suga	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document alties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State wided for in s.817.155, F.S.) (a) Lee F. Hager, its Secretary and Treasurer of State wided or printed name of signee
REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document lalties of perjury that the facts stated herein are true, lubmitted in a document to the Department of State wided for in s.817.155, F.S.) (a) (b) (c) (c) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e
REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document lalties of perjury that the facts stated herein are true, lubmitted in a document to the Department of State wided for in s.817.155, F.S.) (a) (b) (c) (c) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e
effective date is listed, the date must 90 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (onstitutes an affirmation under the pen am aware that any false information su onstitutes a third degree felony as proventiutes a third degree felony as proventiutes a third degree felony as proventiutes as the filing Fees: \$125.00 Filing Fee for Articles of the filing fees:	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document lalties of perjury that the facts stated herein are true, lubmitted in a document to the Department of State wided for in s.817.155, F.S.) (a) (b) (c) (c) (c) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e
effective date is listed, the date must 90 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (onstitutes an affirmation under the pen am aware that any false information su onstitutes a third degree felony as proventiutes a third degree felony as proventiutes at the degree felony as proventiutes as the filling Fees: \$125.00 Filing Fee for Articles of Registered Agent	the specific and cannot be more than five business day er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document lattices of perjury that the facts stated herein are true, lubmitted in a document to the Department of State wided for in s.817.155, F.S.) er, by Lee F. Hager, its Secretary and Treasurer of State wided or printed name of signee
effective date is listed, the date must 90 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203 (onstitutes an affirmation under the pen am aware that any false information su onstitutes a third degree felony as proventiutes a third degree felony as proventiutes a third degree felony as proventiutes as the filing Fees: \$125.00 Filing Fee for Articles of the filing fees:	er or an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true, ubmitted in a document to the Department of State wided for in s.817.155, F.S.) 1) (ar, by Lee F. Hager, its Secretary and Treasurer) 2) (ar) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-