| (Red                      | questor's Name)   |             |
|---------------------------|-------------------|-------------|
| (Add                      | lress)            |             |
| (Add                      | ress)             | ··· ··      |
| (City                     | //State/Zip/Phone | e #)        |
| PICK-UP                   | ☐ WAIT            | MAIL        |
| (Bus                      | siness Entity Nar | ne)         |
| (Doc                      | :ument Number)    |             |
| Certified Copies          | Certificates      | s of Status |
| Special Instructions to F | iling Officer:    |             |
|                           |                   |             |
|                           |                   |             |
| _                         |                   |             |

Office Use Only





05/16/16--01001--005 \*\*125.00

05/16/16--01001--006 \*\*25.00

MAY 20 2016 T SCHROEDER May 13, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9997492 SO

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

Dear Department of State, Florida:

Please obtain the following:

Southern Wine & Spirits of the Pacific Northwest, Inc. (FL) Conversion Florida

Southern Wine & Spirits of the Pacific Northwest, 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 S<br>Division of C                                    |   |                                    |         |  |
|--------------------|--|---|------------------------------------|---------|--|
| SUR.               | IECT: Southern   | Wine & Spirits of the P                               | acific Northwest, Ll               | .C      |  |
|                    |  |   | of Resulting Florida               |         | d Company)   |
|                    |  |   |                                    |         | d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S. |
| Pleas              | e return all corr  | espondence concernin                                  | g this matter to:                  |         |  |
| Danie              | el Connelly  |   |                                    |         |  |
|                    | <u>— — — — — — — — — — — — — — — — — — — </u>                      | (Contact Person)                                      |                                    |         |  |
| Hoga               | n Lovells US LLF   |   |                                    |         |  |
|                    |  | (Firm/Company)  |                                    |         |  |
| 100 li             | nternational Drive   | Suite 2000  |                                    |         |  |
|                    |  | (Address)   | 1                                  |         |  |
| Baltin             | nore, MD 21202   |   |                                    |         |  |
|                    | ((   | City, State and Zip Code)                             |                                    |         |  |
| danie              | l.connelly@hoga  | nlovells.com  |                                    |         |  |
| E-1                | nail Address: (to b  | e used for future annual re                           | port notifications)                |         |  |
| For fu             | urther informati   | on concerning this ma                                 | tter, please call:                 |         |  |
| Danie              | el Connelly  |   | at ( 410                           | 659-2   | 2762   |
|                    | (Name of Conta   | ect Person)   |                                    | (Day    | rtime Telephone Number)  |
| Enclo              | sed is a check f   | or the following amou                                 | int:                               |         |  |
| (\$25 fo<br>& \$12 | 50.00 Filing Fees<br>or Conversion<br>5 for Articles<br>anization) | □\$155.00 Filing Fees<br>and Certificate of<br>Status | □\$180.00 Filing and Certified Cop |         | ⊠\$185.00 Filing Fees, Certified Copy, and Certificate of Status           |
| Regis<br>Divis     | EET ADDRES<br>tration Section<br>ion of Corporat                   |   | Registra<br>Division               | ition S | Corporations   |
| 2661               | on Building<br>Executive Cent<br>nassee, FL 323                    |   | P. O. Be<br>Tallaha                |         | 27<br>FL 32314   |

INHS11 (02/14)

# **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.

| Southern Wine & Spirits of the Pacific Nor<br>(Enter N | thwest, Inc. PO - 6235   |
|--|--|
| 2. The Other Business Entity is a                      | prporation .   |
| (En  | ster entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)  |
| First organized, formed or incorporated                | d under the laws of Florida  |
| May 2, 2006  | (Enter state, or if a non-U.S. entity, the name of the country)  |
| (date of organization, formation or incorpo            | oration)   |
| 3. The name of the Florida Limited Li                  | ability Company as set forth in the attached Articles of Organization:   |
| Southern Wine & Spirits of the Pacific Nor             | rthwest, LLC   |
| (Enter Name of F                                       | Florida Limited Liability Company)   |
|  | , enter the effective date: June 20, 2016<br>or to date of receipt or filed date nor more than 90 days after the<br>orida Department of State; <u>AND</u> 2) must be the same as the effective |
| · · · · · · · · · · · · · · · · · · ·                  | f Organization, if an effective date is listed therein.)   |

Page 1 of 2

| Signed this day of dcy_   | 20_16                                       |
|---|---|
| Signature of Authorized Representative of   |   |
|   |   |
| Signature of Authorized Representative:   | With Elements Vine President                |
| Printed Name: Lee F. Hager  | Title: Executive vice President             |
| Signature(s) on behalf of Other Business En   | tity:\1See below for required signature(s). |
|   |   |
| Signature: Printed Name: Lee F. Hager   |   |
| Printed Name: Lee F. Hager  | Title: Executive Vice President             |
|   |   |
| Signature:  | Title:                                      |
| Timed (vanie.   | Title.                                      |
| Signature:  |   |
| Printed Name:   | Title:                                      |
|   |   |
| Signature:  | Title:                                      |
| Printed Name:   | little;                                     |
| Signature:  |   |
| Printed Name:   | Title:                                      |
| 0.  |   |
| Signature:  | Title:                                      |
| Printed Name:   | Title:                                      |
| If Florida Corporation:   |   |
| Signature of Chairman, Vice Chairman, Direct  | or, or Officer.                             |
| If Directors or Officers have not been selected   | , an Incorporator must sign.                |
| MATERIAL TO A TOTAL TO A STATE OF THE STATE | Col Oten Denamentales                       |
| If Florida General Partnership or Limited I Signature of one General Partner.   | Liability Partnership:                      |
| Signature of one General Partner,   |   |
| If Florida Limited Partnership or Limited I   | Liability Limited Partnership:              |
| Signatures of ALL General Partners.   |   |
|   |   |
| All others:   |   |
| Signature of an authorized person.  |   |
| Fees:   |   |
|   |   |
| Articles of Conversion:   | \$25.00                                     |

Page 2 of 2

Fees for Florida Articles of Organization:

Certified Copy:

L099 - 8/5/2014 Wolters Kluwer Online

Certificate of Status:

\$125.00

\$30.00 (Optional)

\$5.00 (Optional)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# Southern Wine & Spirits of the Pacific Northwest, 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:

| Principal Office Address: | Mailing Address:     |  |
|---------------------------|----------------------|--|
| 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                       | Vame                      |
| 2800 Ponce De Leon E    | Blvd., 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

| Title:   | Name and Address:   |
|--|---|
| "AMBR" = Authorized Member   |   |
| "MGR" = Manager  |   |
| AMBR   | Southern Wine & Spirits of America, Inc.  |
|  | 1600 NW 163rd Street  |
|  | Miami, Florida 33169  |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
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|  |   |
|  |   |
|  | ne date of filing; June 20, 2016 . (OPTIONAL) t be specific and cannot be more than five business day   |
| CLE V: Effective date, if other than the effective date is listed, the date mus  |   |
| CLE V: Effective date, if other than the effective date is listed, the date mus to days after the date of filing.)   |   |
| CLE V: Effective date, if other than the effective date is listed, the date mus to days after the date of filing.)   |   |
| CLE V: Effective date, if other than the effective date is listed, the date mus 90 days after the date of filing.) CLE VI: Other provisions, if any.   |   |
| CLE V: Effective date, if other than the effective date is listed, the date mus 90 days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:   | t be specific and cannot be more than five business day   |
| CLE V: Effective date, if other than the effective date is listed, the date mus 90 days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memb  | er or an authorized representative of a member.   |
| CLE V: Effective date, if other than the effective date is listed, the date muse the days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memb In accordance with section 605.0203  | er or an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document  |
| CLE V: Effective date, if other than the effective date is listed, the date muse to days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memb and accordance with section 605.0203 constitutes an affirmation under the period of the effective date is listed, the date muse of the effective date is listed, the date muse of the effective date is listed, the date muse of the effective date is listed, the date muse of the effective date is listed, the date muse of the effective date is listed, the date muse of the effective date is listed, the date muse of the effective date is listed, the date muse of the effective date is listed, the date muse of the effective date is listed, the date of filing.)   | 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.  |
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| CLE V: Effective date, if other than the effective date is listed, the date muse 20 days after the date of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memb on the section 605.0203 on the section sectio | 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. The submitted in a document to the Department of States are vided for in s.817.155, F.S.)  |
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ARTICLE IV-