11600095673

(Requestor's Name)
(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:

Office Use Only



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05/16/16--01003--008 **125.00

05/16/16--01003--007 **25.00



MAY 20 2016

T SCHROEDER

CT

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:

Southern Wine & Spirits of Mississippi, Inc (FL) Conversion Florida

Southern Wine & Spirits of Mississippi, 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 Division of C				•	
SUBJ	ECT: Southerr	Wine & Spirits of Missi	ssippi, LLC			
5020			of Resulting Florida	imite	ed Company)	
The er Busine	nclosed Articlesess Entity" into	s of Conversion, Artic a "Florida Limited Li	les of Organization in the company's leading the company's leading to the company in the company	n, an ' in a	nd fees are submitted to convert an "Cocordance with s. 605.1045, F.S.	Other
Please	return all corre	espondence concernin	g this matter to:			
Daniel	Connelly					
	_	(Contact Person)				
Hogan	Lovells US LLP					
		(Firm/Company)				
100 Int	ternational Drive	Suite 2000				
		(Address)				
Baltim	ore, MD 21202					
	((City, State and Zip Code)				
daniel.	connelly@hoga	nlovells.com				
E-m	ail Address: (to b	e used for future annual re	port notifications)			
For fur	rther information	on concerning this ma	tter, please call:			
Daniel	Connelly		_at (<u>410</u>)	659-2	2762	
	(Name of Conta	ct Person)	(Area Code)	(Day	ytime Telephone Number)	
Enclos	ed is a check for	or the following amou	int:			
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing I and Certified Copy		■\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Registr Division Clifton	ET ADDRESS ration Section on of Corporation Building Executive Center	ons	Registra Divisior P. O. Bo	tion S of C ox 632	Corporations	

INHS11 (02/14)

Tallahassee, FL 32301

Articles of Conversion

For

"Other Business Entity"

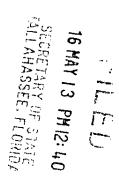
Into

Florida Limited Liability Company

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

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Southern Wine & Spirits of Mississippi, Inc.	:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a corporation	
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of Florida	
November 14, 2006 (Enter state, or if a non-U.S. entity, the name of the country)	
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization	on:
Southern Wine & Spirits of Mississippi, LLC	
(Enter Name of Florida Limited Liability Company)	
4. 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 date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effect date listed in the attached Articles of Organization, if an effective date is listed therein.)	
5. The plan of conversion has been approved in accordance with all applicable statutes	

Page 1 of 2



i	
Signed this day of	_ 20_16
Signature of Authorized Representative of Limi	ted Liability Company:
Circumstance of Angles visual December 1	
Signature of Authorized Representative:	
Printed Name: Lee F. Hager	Title: Secretary and Treasurer
Signature(s) on behalf of Other Business Entity:	See below for required signature(s).]
Signature:	
Printed Name: Lee F. Hager	Title: Secretary and Treasurer
Signature:	
Printed Name:	Title:
~.	
Signature: Printed Name:	m) i
Printed Name:	_ I itle:
Signatura	
Signature:Printed Name:	Title
Timed Name.	Title.
Signature:	
Signature: Printed Name:	Title:
Signature:	
Signature:Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	
If Claude Consul Doutnesship and imited Liebili	4. Douganahin.
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty rarthership:
If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
Signatures of ADD General Farthers.	
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
	7-3-3- (-p)

Page 2 of 2

\$30.00 (Optional) \$5.00 (Optional)

Certificate of Status:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTICLE I - Name	TICLE 1 - Name	- Nam	1	Æ	CI	TI	R	A
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The name of the Limited Liability Company is:

Southern Wine & Spirits of Mississippi, 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, I	P.A
N	ame	
2800 Ponce De Leon Bl	vd., Su <u>ite 112</u>	.5
Florida street address (I	P.O. Box <u>NO</u> 1	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..

By:

Registered Agent's Signature (REQUIRED)

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

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	SWSNHC, Inc.
	1600 NW 163rd Street Miami, Florida 33169
	Midrin, 1 ionad 33 ion
	-
	,
effective date is listed, the date must	e date of filing: June 20, 2016 . (OPTIONAL be specific and cannot be more than five business dates
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CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a accordance with section 605.0203 (1)	r or an authorized representative of a member. 1) (b), Florida Statutes, the execution of this document
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ARTICLE IV-