# 116000095711

(Re	questor's Name)	
(Ad	dress)	<del>.</del>
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100285596481

05/16/16--01003--010 \*\*25.00

05/16/16--01003--009 \*\*125.00



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 Pennsylvania, Inc. (FL) Conversion

Florida

Southern Wine & Spirits of Pennsylvania Holdings, 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 Division of C			
SUBJECT: Souther	n Wine & Spirits of Penn	sylvania Holdings, LLC	
	(Name	of Resulting Florida Limite	d Company)
		_	d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please return all con	respondence concernin	g this matter to:	
Daniel Connelly			
	(Contact Person)		
Hogan Lovells US LLI	P		
	(Firm/Company)		
100 International Drive	e Suite 2000		
	(Address)		
Baltimore, MD 21202			
	(City, State and Zip Code)		
daniel.connelly@hoga	anlovells.com		
E-mail Address: (to	be used for future annual re	port notifications)	
For further informat	ion concerning this ma	tter, please call:	
Daniel Connelly		_at (410 )659-	2762
(Name of Cont	act Person)	(Area Code) (Day	rtime Telephone Number)
Enclosed is a check	for the following amou	int:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	⊠\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	SS:	MAILING A	ADDRESS:
Registration Section		Registration	
Division of Corpora	tions	Division of C	
Clifton Building 2661 Executive Cen	tar Cirola	P. O. Box 63 Tallahassee,	
2001 Executive Cen	ter Circle	i aiiaiiassee, .	[L J4][T

INHS11 (02/14)

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.

e name of the "Other Business Entity" immediately prior to the filing of the Articles of Convergence Wine & Spirits of Pennsylvania, Inc.	sion is:
(Enter Name of Other Business Entity)	
e "Other Business Entity" is a  (Enter entity type. Example: corporation, limited partnership,	
general partnership, common law or business trust, etc.)	
organized, formed or incorporated under the laws of	
cember 9, 1998 (Enter state, or it a non-0.5, entity, the name of the co	untry)
ate of organization, formation or incorporation)	
e name of the Florida Limited Liability Company as set forth in the attached Articles of Orga	nization:
ern Wine & Spirits of Pennsylvania Holdings, LLC	
(Enter Name of Florida Limited Liability Company)	
not effective on the date of filing, enter the effective date:	
effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days af his document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the isted in the attached Articles of Organization, if an effective date is listed therein.)	
plan of conversion has been approved in accordance with all applicable statutes.	

Page 1 of 2

Signed this day of	20 <u>_16</u>	
Signature of Authorized Representative of Limi	ted Liability Company:	
Signature of Authorized Representative:	-b	
Printed Name: Lee F. Hager	Title: Executive Vice President	
Frinted Name, Loor: Mager		-
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]	
Signature:		
Printed Name: Lee F. Hager	Title: Executive Vice President	<del></del>
Signature:		_
Printed Name:	Title:	<del>-</del>
Signature:		<del>-</del>
Signature:Printed Name:	_ Title:	<del></del>
Signature:		_
Printed Name:	Title:	-
Signature:		<del></del>
Printed Name:	Title:	-
Signature:Printed Name:		_
Printed Name:	Title:	-
If Florida Corporation;		
Signature of Chairman, Vice Chairman, Director, or		
If Directors or Officers have not been selected, an In-	corporator must sign.	
If Florida General Partnership or Limited Liabili	ty Partnership:	
Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	
All others: Signature of an authorized person.		بد ولکند
Fees:		ALL AI
Articles of Conversion:	\$25.00	EAS.
Fees for Florida Articles of Organization:	\$125.00	S M-<
Certified Copy:	\$30.00 (Optional)	m <sub>G</sub>
Certificate of Status:	\$5.00 (Optional)	

Page 2 of 2

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:		
Southern Wine & S	Spirits of Pennsylvania H	loldings, LLC	
(Must end	with the words "Limited L	iability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	address of the principal offi	ce of the Limited Li	ability Company is:
<u>Princir</u>	oal Office Address:		Mailing Address:
1600 N.W. 163 St	treet Miami, FL 33169	1600	N.W. 163 Street Miami, FL 33169
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	y cannot serve as its own R active Florida registration. address of the registered a Adam J. Silverman	egistered Agent. Yo	s Signature: nu must designate an individual or
	2800 Ponce De Leor	n Boulevard, Suite	1125
	Florida street address (		<del></del>
	Coral Gables	Florida	_33134

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.

State

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Zip

Page 1 of 2

16 MAY 13 PH 1:07
SECRETARY OF STATE

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Southern Wine & Spirits of America, Inc.
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
the date inserted in this block does not meet the ment's effective date on the Department of Sta	he applicable statutory filing requirements, this date will not late's records.
the date inserted in this block does not meet the ment's effective date on the Department of Sta	
the date inserted in this block does not meet the ment's effective date on the Department of Sta E VI: Other provisions, if any.	
ment's effective date on the Department of Sta E VI: Other provisions, if any.  REOUIRED SIGNATURE:	ate's records.
the date inserted in this block does not meet the ment's effective date on the Department of State VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor	
the date inserted in this block does not meet the ment's effective date on the Department of State VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.
the date inserted in this block does not meet the ment's effective date on the Department of State VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes, rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.  LEE F. HAGER and or printed name of signee EVP/Secretary Chlef Administrative Officer
the date inserted in this block does not meet the ment's effective date on the Department of State VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor  Typ	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.  LEE F. HAGER ped or printed name of signee EVP/Secretary Chlef Administrative Officer Filing Fees:
REOUIRED SIGNATURE:  Signature of a member This document is executed in I am aware that any false infor constitutes a third degree felor	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.  LEE F. HAGER bed or printed name of signee  EVP/Secretary Chlef Administrative Officer Filling Fees: