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(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:	*
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
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	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

NOV 22 AM IO: I.

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT.

50 5 0501	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDESUFFIX)
Enclosed are an orig	rinal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	JASON SCOTT COUPA	L, ESQ.	
	Nam	e (Printed or typed)	
	1995 EAST OAKLAND F	ARK BOULEVARD, S	UITE 100
		Address	
	OAKLAND PARK, FLOR	IDA 33306-1113	
,	City	, State & Zip	
	(954) 567-3505		
•	Daytime Telephone number		

MANATEE WINE COUNTRY ADVENTURES, INC.

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

02 NOV 22 AH 10: 45 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

MANATEE WINE COUNTRY ADVENTURES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1995 EAST OAKLAND PARK BOULEVARD, SUITE 100 OAKLAND PARK, FLORIDA 33306-1113

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

JASON SCOTT COUPAL PRESIDENT/DIRECTOR 1995 EAST OAKLAND PARK BOULEVARD, SUITE 100 OAKLAND PARK, FLORIDA 33306-1113

ARTICLE VI REGISTERED AGENT

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

JASON SCOTT COUPAL 1995 EAST OAKLAND PARK BOULEVARD, SUITE 100 OAKLAND PARK, FLORIDA 33306-1113

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JASON SCOTT COUPAL 1995 EAST OAKLAND PARK BOULEVARD, SUITE 100 OAKLAND PARK, FLORIDA 33306-1113

Having been named as registered,	agent to accept service of process for the above stated corporation at the place designated in this
certificate, I am familiaf with and	accept the appointment as registered agent and agree to act in this capacity

ficate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent Date

Signature/Incorporator Date