

P030000012338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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## TRANSMITTAL LETTER

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

**SUBJECT:** T & S Winery Enterprises ,Inc.

**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Thomas Powers

Name (Printed or typed)

9817 119th Way North

### Address

**Seminole , Florida 33772**

City, State &amp; Zip

727-458-5385

Daytime Telephone number

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

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

T & S Winery Enterprises, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

9817 119th Way N  
Seminole, Florida 33772

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Winery

### ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Thomas Powers  
9817 119th Way N  
Seminole, FL 33772  
310-54-9560

Steven R. Powers  
9817 119th Way N  
Seminole, FL 33772  
413-47-6620

### ARTICLE VI REGISTERED AGENT

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

Thomas Powers  
9817 119th Way N  
Seminole, FL 33772

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

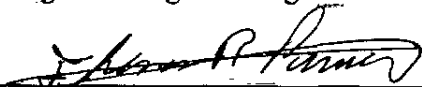
Thomas Powers  
9817 119th Way N  
Seminole, FL 33772

\*\*\*\*\*

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 familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

Jun-21-03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

Jun-21-03  
\_\_\_\_\_  
Date

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