# P03000099780

(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:		





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SECRETARY OF STATE
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DATE September 4, 2003

SECRETARY OF STATE
CORPORATION DIVISION
STATE OF FLORIDA - PC & > C 3 T 7
TALLAHASSEE, FLORIDA 323

RE: WINE DISTRIBUTIONS INC.

GENTLEMEN:

WITH A COPY OF SAID ARTICLES FOR WILL DISTURBINES, TWO.

(Name of Corporation)

AND OUR CHECK IN THE MOUNT OF 70.00 AS FOLLOWS:

FILING FEE
GRADTEP TAX
REGISTERED AGENT
CERTIFIED COPY --

TOTAL

#872

RESPECTFULLY SUBMITTED,

William MASSEY
(Individual's Name)

Wink Dismigrozs, Tuci

# CERTIFICATE OF INCORPORATION

-0f-

WINE DISTRIBUTORS TUC.

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

#### ARTICLE I

The name of this corporation shall be:

WINE PISTUBUTURS INCI

#### ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

### ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is FIVE HUNDRED (500) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

## ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than FIVE HUNDRED (\$500.00) DOLLARS.

#### ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

#### ARTICLE VI

The initial street address of the principal office of the corporation shall be:

800 EAST BROWND RIUD #604 The Let X 33301 FILED

## ARTICLE VII

The number of Directors of this corporation shall be at least one (1) and no more than five (5).

# ARTICLE VIII

The names and street address	ses of the members of the
first Board of Directors of this Co	prporation are as follows:
William HENRY MASSEY	640 SR 26 Ave, FTLANDLIK,
	33301
ARTICLE	<u>IX</u>
The names and street address	ses of the persons signing
these Articles of Incorporation as	subscriber is as follows:
William HOVRY MYSSEY	640 d= 26 sue.
William HOVRY MASSEY	Frisideale, Sl. 33301
	,

ARTICLE X
The corporate existence of this corporation shall begin
on the date the Articles of Incorporation are filed of record.
IN WITHESS WHEREOF, the undersigned, WILLiam MASSEYAND
, both being natural persons, competent to
contract, have hereunto set their hands and seals this day
OF Seprembly 2003
(SEAL)
(SEAL)
STATE OF FLORIDA) )SS
COUNTY OF BROWN )
BEFORE ME, the undersigned Notary Public of the State of
Florida personally appeared William Massey and -
to me well known and known to me to be the individual
described in and who executed the foregoing Articles of Incorporation
and they acknowledged before me that they executed the same freely
and voluntarily for the purpose therein expressed.
WITNESS my hand and official seal this 4th day of Softense, 200
Marie Puma
(Notary Public, State of Florida My Commission expires:

MARIE PUMA
MY COMMISSION # DD 078218
EXPIRES: December 13, 2005
Bonded Thru Budget Notary Services

IN COMPLIANCE WITH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED: (Name of Corporation) WITH ITS PLACE OF BUSINESS AT 800 BAST BROWN BLUP #604

(Business Address, City and State)

FTL Address, 33301 (Name of Registered Agent) OCATED AT 640 SR 24 Ave Fr Landvalle St. 33301

(Street Address and Number Of Building, Post Office Box Addresses ARE NOT Acceptable SITY OF FT. LAUDGROALE, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE SEMPROCESS WITHIN FLORIDA. SIGNATURE LIMINATION (Corporate Officer)

TITLE President

DATE September 4th 2003 AAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY. AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND DBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES. SIGNATURE (REGISTERED AGENT)

BUREAU OF CORPORATE RECORDS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS

WING FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

NOTE: There is a filing fee of \$3.00 for this certificate)