

P04000032046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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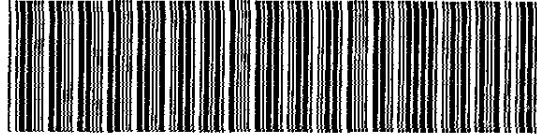
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

2/12/04

TRANSMITTAL LETTER

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

SUBJECT: Gourmet Wine & Bar Accessories, 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: Robert BRANDA
Name (Printed or typed)

3520 MAGNOLIA RIDGE CIRCLE
Address

UNIT
G

PALM HARBOR, FL 34684
City, State & Zip

727-789-2899
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:

GOURMET WINE & BAR ACCESSORIES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3520 MAGNOLIA RIDGE CIRCLE (G)
UNIT G
PALM HARBOR, FL 34684

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Wholesale Supplies to Restaurant
AND Retail TRADE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ALH
Robert BRANDA
3520 MAGNOLIA RIDGE CIRCLE
UNIT G
PALM HARBOR, FL 34684

ARTICLE VI REGISTERED AGENT

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

Robert BRANDA
3520 MAGNOLIA Ridge Circle
UNIT G
PALM HARBOR, FL 34684

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert BRANDA
3520 MAGNOLIA Ridge Cir
UNIT G
PALM HARBOR, FL 34684

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

Date

Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA