

P84000055576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

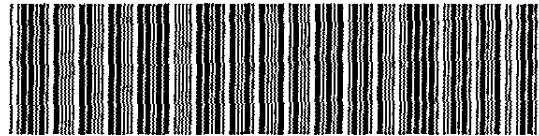
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/23/04--01074--017 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR 23 PM 5:19

FILED

06/3/31

## TRANSMITTAL LETTER

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

SUBJECT: UNLIMITED WINE DISTRIBUTORS INTERNATIONAL  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) INC.

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: JASON LADUKE  
Name (Printed or typed)

2495 DOE TRAIL  
Address

LOXAHATCHEE, FL 33470  
City, State & Zip

561-714-1091  
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:

UNLIMITED WINE DISTRIBUTORS INTERNATIONAL INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2495 DOE TRAIL LOXAHATCHEE / P.O. BOX 249  
FLORIDA 33470 LOXAHATCHEE  
FLORIDA 33470

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WINE PROMOTION / WINE SALES

## ARTICLE IV SHARES

The number of shares of stock is:

10

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JASON LADUKE / PRESIDENT  
2495 DOE TRAIL / CEO  
LOXAHATCHEE, FL 33470

## ARTICLE VI REGISTERED AGENT

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

JASON LADUKE  
2495 DOE TRAIL  
LOXAHATCHEE, FL 33470

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JASON LADUKE  
2495 DOE TRAIL  
LOXAHATCHEE, FL 33470

\*\*\*\*\*  
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 famillar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

03-19-04

Signature/Incorporator

Date

03-19-04

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04 MAR 23 PM 5:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA