

P04000132098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

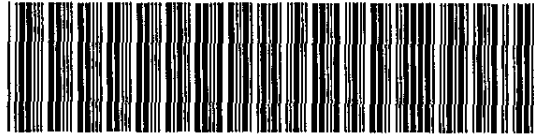
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/21/04--01022--005 **78.75

04 SEP 21 PM 2:18
RECEIVED BY MAIL
CORPORATION DIVISION

6m a121

TRANSMITTAL LETTER

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

SUBJECT: THE FLORIDA WINERY, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$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 & 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:

THE FLORIDA WINERY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10801 CORKSCREW ROAD #320
ESTERO, FLORIDA 33928

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: " " "
RETAIL OUTLET

ARTICLE IV SHARES

The number of shares of stock is:

1,000 SHARES AUTHORIZED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

THOMAS POWERS
9817 119TH WAY N
SEMINOLE, FLORIDA 33772
PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

THOMAS POWERS
9817 119TH WAY N
SEMINOLE, FLORIDA 33772

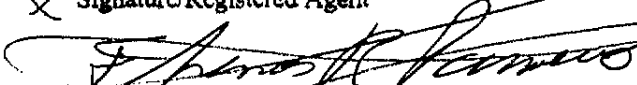
ARTICLE VII INCORPORATOR

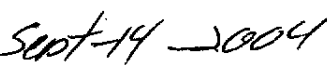
The name and address of the Incorporator is:

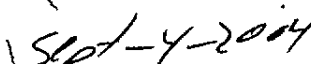
THOMAS POWERS
9817 119TH WAY N
SEMINOLE, FLORIDA 33772

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


X Signature/Registered Agent


X Signature/Incorporator


X Date


X Date

FILED
SEP 21 2004
DIVISION OF CORPORATIONS
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