Division of Corporations COLODO LUTS | https://efile.sunbiz.org/scripts/efilcovr.exe

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000213986 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839 Fax Number: (305)716-0346 SECRETARY OF STATE

FLORIDA PROFIT CORPORATION OR P.A.

SLAINTE WINES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

أع امراد برادر

Electronic Filing, Menu

Corporate Filing

Public Access Help

. l'of. l

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of incorporation.

ARTICLE | NAME
The name of the corporation shall be:

SLAINTE WINES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:

2644 S RIVER SHORE DRIVE PORT ST LUCIE, FL 34984

ARTICLE III SHARES

The number of shales of stock that this corporation is authorized to have outstanding at any one time is:

ONE THOUSAND (1000)

ARTICLE IV INITIAL REGISTERED AGENT
The name and Florida street address of the initial registered agent is:

CHRISTOPHER O'CONNOR 2644 S RIVER SHORE DRIVE PORT ST LUCIE, FL 34984

ARTICLE Y INCORPORATOR

The name and street address of the incorporator to these Articles of incorporation is:

CHRISTOPHER O'CONNOR 2644 S RIVER SHORE DRIVE PORT ST LUCIE, FL 34984

EFFECTIVE DATE OF INCORPORATION

on is October 26, 2004

Signature/incorporator

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in that capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete function of the proper and complete function of the proper and am familiar with and accept the obligations of my position as resident agen(

Signature/Registered Agent

10-26-04 Date