

P05000138757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

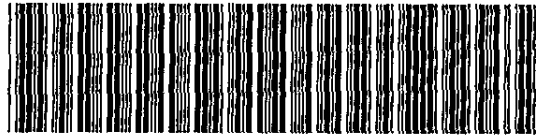
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/11/05 11:16 AM **82.00

FILED
05 OCT 11 PM 3:16
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: WINE Shop of Carrollwood, 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: JENNIFER H. CLOUDMAN
Name (Printed or typed)

11638 North Dale Mabry Hwy
Address

TAMPA, FL 33618
City, State & Zip

813 - 505 - 7857
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:

WINE Shop of CARROLLWOOD, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11638 North Dale Mabry Highway; TAMPA, FL 33618

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail Wine Sales

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):

Jennifer H. Cloudman, President
5014 Umber Way
TAMPA, FL 33624

ARTICLE VI REGISTERED AGENT

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

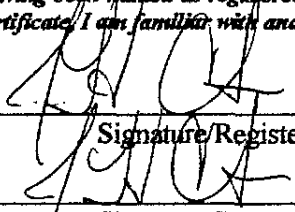
Jennifer H. Cloudman
5014 Umber Way
TAMPA, FL 33624

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jennifer H. Cloudman
5014 Umber Way
TAMPA, FL 33624

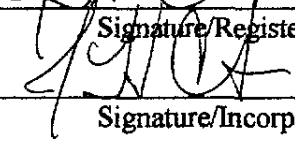
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10-7-05

Date



Signature/Incorporator

10-7-05

Date

FILED
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TAMPA COUNTY CLERK
TAMPA, FLORIDA