

P07000108573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

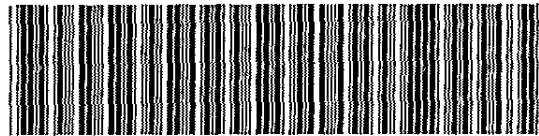
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

10/2-



800109801698

10/01/07--01012--037 **87.50

FILED
07 OCT -1 PM 3:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: COLONIAL BEVERAGE CORPORATION
(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: RYAN GOULDING
Name (Printed or typed)

155 REVERE DRIVE, SUITE 10
Address

NORTHBROOK, IL 60062
City, State & Zip

847-291-4161
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:

COLONIAL BEVERAGE CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1800 SECOND ST., SUITE 758
SARASOTA, FL 34236

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE TRANSACTION OF ANY OR ALL LAWFUL BUSINESS FOR WHICH
CORPORATIONS MAY BE INCORPORATED IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

100,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 OCT - 1 PM 3:50

FILED

ARTICLE VI REGISTERED AGENT

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

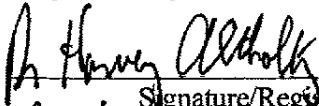
DR. HARVEY ALTHOLTZ
1800 SECOND ST., SUITE 758
SARASOTA, FL 34236

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DR. HARVEY ALTHOLTZ
1800 SECOND ST., SUITE 758
SARASOTA, FL 34236

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

9/28/2007

Date



Signature/Incorporator

9/28/2007

Date

FILED
07 OCT -1 PM 3:50
CLERK OF STATE
TALLAHASSEE, FLORIDA