

P11000037551

(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:

W11000019121

Office Use Only

Donise Schoenmaker

RECEIVED BY PHONE TO

ARTICLES

4-18-11

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04/04/11--01055--011 **122.50

RECEIVED
11 APR 13 AM 10:36
DIVISION OF CORPORATIONS

FILED
2011 APR -4 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch APR 10 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: High Hopes Wine Distributing LLC

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Denise M Schoonmaker

Contact Person

High Hopes Wine Distributing LLC

Firm/Company

2054 Sunset Point Rd. #31

Address

CLEARWATER FL 33765

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENISE M. SCHOONMAKER

SHARON L. COCINA

Name of Contact Person

at (727) 447-2880

Area Code and Daytime Telephone Number

(727) 445-9018

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees

☐ \$113.75 Filing Fees
and Certificate of
Status

☐ \$113.75 Filing Fees
and Certified Copy

☒ \$122.50 Filing Fees,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2011

DENISE M. SCHOONMAKER
2054 SUNSET POINT RD. #31
CLEARWATER, FL 33765

SUBJECT: HIGH HOPES WINE DISTRIBUTING LLC
Ref. Number: W11000019121

We have received your document for HIGH HOPES WINE DISTRIBUTING LLC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 111A00008183

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: High Hopes Wine Distributing Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2054 Sunset Point Rd. #31
CLEARWATER FL 33765

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DENISE A. SCHOONMAKER
Address: PRESIDENT
2054 Sunset Point Rd. #31
CLEARWATER FL 33765

Name and Title: _____
Address: _____

Name and Title: SHARON L. COCINA
Address: VICE PRESIDENT
1700 Emerald Drive
CLEARWATER FL 33756

Name and Title: _____
Address: _____

Name and Title: JAMES COCINA
Address: DIRECTOR
1700 Emerald Drive
CLEARWATER FL 33756

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: DENISE M. SCHOONMAKER
Address: 2054 Sunset Point Rd. #31
CLEARWATER FL 33765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DENISE M. SCHOONMAKER
Address: 2054 Sunset Point Rd. #31
CLEARWATER FL 33765

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]
Required Signature/Registered Agent

3/27/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

3/27/11
Date

FILED
2011 APR -4 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA