

711000101591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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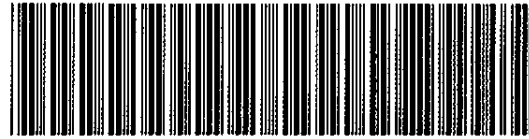
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 29 2011  
611-5117  
611  
619

## COVER LETTER

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

SUBJECT: Vino Di Vino. 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: Geyma Rodriguez

Name (Printed or typed)

1250 SE 29th Street, No. 204

Address

Homestead, Florida 33035

City, State & Zip

305-915-1236

Daytime Telephone number

vinodivino@gmx.com

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

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TALLAHASSEE, FLORIDA

**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: Vino Di Vino, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
1250 SE 29th Street, No. 204  
Homestead, Florida 33035

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any and all business permitted under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: Five thousand (5000) shares of common stocks, having a par value of One (\$1.00)  
dollar per share of common stocks.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Geyma Rodriguez, President</u>	Name and Title: _____
Address: <u>1250 SE 29th Street, No. 204</u>	Address: _____
<u>Homestead, Florida 33035</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

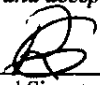
Name: Geyma Rodriguez  
Address: 1250 SE 29th Street, No. 204  
Homestead, Florida 33035

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Geyma Rodriguez  
Address: 1250 SE 29th Street, No. 204  
Homestead, Florida 33035


*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

11-01-2011

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

11-01-2011

\_\_\_\_\_  
Date

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**TALLAHASSEE, FLORIDA**