

P120000034672

Florida Department of State
Division of Corporations
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.

((H12000094481 3)))



H120000944813ABCS

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) 617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

FILED
12 APR 10 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
FLIGHT 69 GIN AND SPIRITS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

RECEIVED
12 APR 10 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help

MRB 4/11/12

<https://efile.sumbiz.org/scripts/efilcovr.exe>

4/10/2012

H12000094481

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:

FLIGHT 69 GIN AND SPIRITS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15067 S.W. 63RD TERRACE
MIAMI, FL 33196**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PRODUCE, BOTTLE AND SELL GIN AND SPIRITS. TO ENGAGE IN ANY
LAWFULL ACT OR ACTIVITY FOR WHICH A CORPORATION MAY BE
ORGANIZED UNDER THE GENERAL CORPORATION LAW OF THE STATE
OF FLORIDA.**ARTICLE IV SHARES**

The number of shares of stock is:

ONE THOUSAND (1,000) SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: RENO ARAGON (P.S.D.)

Name and Title: _____

Address: 15067 S.W. 63RD TERRACE
MIAMI, FL 33193

Address: _____

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: RENO ARAGON
Address: 15067 S.W. 63RD TERRACE
MIAMI, FL 33193**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RENO ARAGON
Address: 15067 S.W. 63RD TERRACE
MIAMI, FL 33193

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

Date

4-2-12

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

Date

4-2-12

H12000094481

FILED
12 APR 10 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA