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APPROVAL
AND
FILED

15 NOV 12 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: Vino Vine, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Daniel J. Wilson
Name (Printed or typed)

104 Brianhead Ct.
Address

Saint Johns, FL 32259
City, State & Zip

904-217-7550
Daytime Telephone number

gatorwilson@aol.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

APPROVED
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 NOV 12 AM 8:02

ARTICLE I NAME

The name of the corporation shall be: Vino Vine, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

104 Brianhead Ct.

Saint Johns, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose is to develop, market and sell consumer goods for profit.

The corporation may engage in any activity permitted by the Florida Business Corporation Act, as well as the other laws
of the State of Florida, subject always to limitations of all other jurisdictions in which the corporation acts.

ARTICLE IV SHARES

The number of shares of stock is: 10,000 - Common shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel J. Wilson - President, Secretary

Name and Title: _____

Address 104 Brianhead Ct.

Address: _____

Saint Johns, FL 32259

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVAL
AND
FILED

Name and Title: _____ Name and Title: 15 NOV 12 AM 8:02
Address: _____ Address: SECRETARY OF STATE

TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Daniel J. Wilson
Address: 104 Brianhead Ct.
Saint Johns, FL 32259

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Daniel J. Wilson
Address: 104 Brianhead Ct.
Saint Johns, FL 32259


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/9/2015 (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 11/9/2015
Required Signature/Registered Agent 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.

 11/9/2015
Required Signature/Incorporator Date