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Division of Corporations

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From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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FLORIDA PROFIT/NON PROFIT CORPORATION ULTRAMAR GOURMET WINES, INC.

| Certificate of Status | 0 |
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Electronic Filing Menu Corporate Filing Menu

Help

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

| | NCIPAL OFFICE | | |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------|
| TIGT | Principal street address | Mailing add | ress, if different is: |
| SO NW 43 AVENUI | E | | |
| HAMI, FL. 33126 | | | |
| RTICLE III PUR | POSE h the corporation is organized is: | | |
| NY AND ALL LA | WFUL BUSINESS. | | |
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| RTICLEIV SHA | RES | | 9 SEP |
| ne number of shares | of stock is: 1000 SHARES AT \$1.00 EA | | ☆: ― |
| he number of shares RTICLE V INII | of stock is: TAL OFFICERS AND/OR DIRECTORS | | $\frac{\delta \mathcal{E}}{2\pi}$ $\frac{1}{\omega}$ |
| RTICLE V INII | TAL OFFICERS AND/OR DIRECTORS LAVIED MENDEZ PROSIDENT | Name and Title: | 650 AH |
| ne number of shares RTICLE V JNII Name and Ti | of stock is: TAL OFFICERS AND/OR DIRECTORS Itle: 118 CALABREA AVENUE, APT. 7 | Name and Title: | \$30 AH |
| he number of shares RTICLE V INII | of stock is: TAL OFFICERS AND/OR DIRECTORS Itle: 118 CALABREA AVENUE, APT. 7 | Name and Title: Address: | \$30 AH E |
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| ne number of shares RTICLE V JNIT Name and Ti Address | of stock is: TAL OFFICERS AND/OR DIRECTORS itle: JAVIER MENDEZ, PRESIDENT 118 CALABREA AVENUE, APT. 7 CORAL GABLES, FL. 33134 | Address: Name and Title: | SX 13 AH III 16 |
| he number of shares RTICLE V INIT Name and Ti Address Name and Tit | of stock is: TAL OFFICERS AND/OR DIRECTORS itle: JAVIER MENDEZ, PRESIDENT 118 CALABREA AVENUE, APT. 7 CORAL GABLES, FL. 33134 | Address: Name and Title: | SX 13 AH III 16 |
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| Name and | d Title: | Name and Title: | |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---|
| Address | | Address: | |
| | | | |
| | REGISTERED AGENT orida street address (P.O. Box NOT acceptable | e) of the registered agent is: | |
| Name: | EMILIO B. ALVAREZ | | |
| Address: | 650 NW 43 AVENUE | | |
| | MIAMI, FL. 33126 | | |
| ARTICLE VII | <u>INCORPORATOR</u> | SEP 1 | |
| The <u>name and ac</u> | ddress of the Incorporator is: | 13 AH | |
| Name; | EMILIO B. ALVAREZ | | |
| Address: | 650 NW 43 AVENUE | <u> </u> | |
| | MIAMI, FL, 33126 | B | ; |
| Effective date, if | EFFECTIVE DATE; 9/12/2019 other than the date of filing: late is listed, the date must be specific and car | . (OPTIONAL) nnot be more than five days prior or 90 days after the | |
| Note: If the date die document's e | inserted in this block does not meet the applica ffective date on the Department of State's recor | ble statutory filing requirements, this date will not be listed as | |
| Having been ner this certificate, J | med as registered agent to accept service of production of amount of the appointment of the appointment of the service of production of the service of productions are services of the appointment of the services of the serv | cess for the above stated corporation at the place designated to registered agent and agree to act in this capacity 9/13/19 | n |
| | Required Signature/Registered Agent | Date | |
| I submit this doc document to the i | nument and affirm that the facts stated forein Department of State constitutes a third legree to | true. I am aware that the false information submitted in largy as provided for in s.817.155, F.S. 9/3//9 | a |
| Requi | red Signature/Incorporator | Date | |

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