

Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LIQUOR LICENSE LOCATORS, LLC
Account Number : I20200000150
Phone : (407)953-0034
Fax Number : (866)929-0535

****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
GULF COAST LIQUOR INVESTMENT INC**

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

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February 23, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LIQUOR LICENSE LOCATORS LLC

SUBJECT: GULF 11
REF: W21000025383

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H21000073071
Letter Number: 421A00004008

* We need this loaded to
as soon as possible. It is clear
on our end we don't understand
why it's not readable.
Please help 305-310-1963
Thank you Michelle

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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: GULF COAST LIQUOR INVESTMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

2485 S MCCALL RD
ENGLEWOOD, FL 34224

1602 Tamiami Trail South
Venice, FL 34293

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

PRESIDENT - PATEL, CHANDRAKANT K

Name and Title:

Name and Title: VP - PATEL, DHAVALKUMAR M.

Address 1602 Tamiami Trail South
Venice, FL 34293

Address: 625 TAMIAMI TRAIL S
VENICE, FL 34285

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI. COUNTERAGENT

The person and Florida agent address (F.A. No. NOT acceptable of the registered agent is:

Name: PATEL, CHANDRAKANT K
Address: 1602 Tamiami Trail South
Venice, FL 34283

ARTICLE VII. INCORPORATOR

The person and address of the incorporator is:

Name: PATEL, CHANDRAKANT K
Address: 1602 Tamiami Trail South
Venice, FL 34283

ARTICLE VIII. EFFECTIVE DATE

Effective date, if other than the date of filing: _____ (OPTIONAL)

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

Notes: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fixed 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 I agree to the appointment as registered agent and agree to act in this capacity.

[Signature]
Registered Agent

02/10/2021
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 FS 817.133, F.S.

[Signature]
Incorporator

02/10/2021
Date

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TALLAHASSEE, FLORIDA