

P2400W15088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

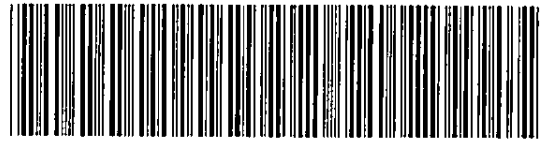
(Business Entity Name)

(Document Number)

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

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600424011376

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2024 FEB 23 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

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2024 FEB 23 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MS

W2400W15088

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** , Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** : 2/23/2024

**PRIORITY** : Regular Approval

**OUR REF.# (Order ID#)** : 1232526

**ORDER ENTITY**

WHISKEY & WEALTH CLUB, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**WHISKEY & WEALTH CLUB, INC. ( FL )**

Please file the attached articles and provide a certified copy.

**NOTES:**

\$78.75 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials.

FILED  
FEB 23 PM 12:11  
TALLAHASSEE, FL

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

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

**SUBJECT:** WHISKEY & WEALTH CLUB, 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: Scott Sciberras  
\_\_\_\_\_  
Name (Printed or typed)  
  
360 W Hubbard Street, Apt. 1812  
\_\_\_\_\_  
Address  
  
Chicago, Illinois 60654  
\_\_\_\_\_  
City, State & Zip  
  
+44 7572 228884  
\_\_\_\_\_  
Daytime Telephone number  
  
s.sciberras@whiskeywealthclub.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

DEPT. OF STATE  
TALLAHASSEE, FL

REC-23 PHIL 71

FILED

**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: Whiskey & Wealth Club, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
360 W Hubbard Street, Apt. 1812  
Chicago, Illinois 60654

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations  
may be organized under the Florida Business Corporation Act.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Scott Sciberras, Director, President and Chairman

Address: 360 W Hubbard Street, Apt. 1812  
Chicago, Illinois 60654

Name and Title: James Bradley, Director

Address: 360 W Hubbard Street, Apt. 1812  
Chicago, Illinois 60654

Name and Title: Tony Sheehan, Director, CFO and Secretary

Address: 360 W Hubbard Street, Apt. 1812  
Chicago, Illinois 60654

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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: SPI Agent Solutions, Inc. \_\_\_\_\_

Address: 1540 Glenway Dr. \_\_\_\_\_

Tallahassee, FL 32301 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Scott Sciberras \_\_\_\_\_

Address: 360 W Hubbard Street, Apt. 1812 \_\_\_\_\_

Chicago, Illinois 60654 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

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

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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:*

By: SPI Agent Solutions, Inc. \_\_\_\_\_

Required Signature/Registered Agent

2/22/2024

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.*

Witnessed by:  
\_\_\_\_\_  
Required Signature/Incorporator

February 20, 2024

Date \_\_\_\_\_