

PL500000 3020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

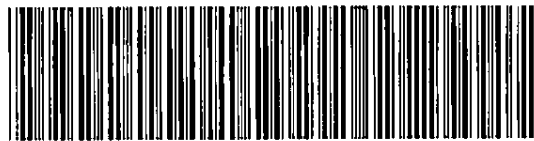
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700442601837

FILED

2025 JAN 15 AM 9:47

RECEIVED

2025 JAN 15 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FL



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Ben Bolen  
Ext:  
Date: 01/15/25  
Order #: 1774382-1  
Re: Drink Lady A Inc.  
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Ben Bolen", is written over the "Re:" line of the header.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$70 - FL State Account Number:  
I20000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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## COVER LETTER

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

SUBJECT: Drink Lady A 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.

2025 JUN 15 PM 9:47

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FROM: Florencia Fernandez

Name (Printed or typed)

1101 Brickell Ave, Suite N1400

Address

Miami, 33131

City, State & Zip

786-598-8007 (Ext. 7)

Daytime Telephone number

florencia.fernandez@rclawlus.com

E-mail address: (to be used for future annual report notification)

**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: Drink Lady A Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1101 Brickell Ave, Suite N1400  
Miami, FL 33131

ARTICLE III PURPOSE

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elle Caring, Director

Name and Title: Elle Caring, COO

Address 1101 Brickell Ave, Suite N1400  
Miami, FL 33131

Address: 1101 Brickell Ave, Suite N1400  
Miami, FL 33131

Name and Title: Ben Caring, Director

Name and Title: Ben Caring, CEO

Address 1101 Brickell Ave, Suite N1400  
Miami, FL 33131

Address: 1101 Brickell Ave, Suite N1400  
Miami, FL 33131

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: Corporation Service Company (CSC)

Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

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

Name: Florencia Fernandez

Address: 1101 Brickell Ave, Suite N1400  
Miami, FL 33131

**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*



\_\_\_\_\_  
Required Signature/Registered Agent

01/15/2025

\_\_\_\_\_  
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.*

Florencia Fernandez  
Required Signature/Incorporator

1/15/25  
Date

FILED

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U.S. DEPT. OF STATE