# 200 13805

TRANSMITTAL LETTER

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



SUBJECT:	STATE - W Proposed corporat	UIDE SUPPLY ( e name - must include su	아이 - uffix)	100001408381 -02/16/9501103011 ******78.75 ++***78.75
Enclosed is an original for :	and one (1) co	py of the articles of	incorporation	and a check
\$70.00 Filing Fee	Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.29 Filing Fee, Certified Cop & Certificate	3V
FROM:	0 ( , ,	MATARAZ (printed or typed) STERN DR	-20	
	ATLANT	Address	h, FLA.	- _ 32233
		41-3322 e Telephone number	<del></del> <u>-</u>	
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NOTE: Please provide the original and one copy of the articles.





The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

STATE-WIDE SUPPLY CO.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2660 STERN DR. ATLANTIC BEACH, FLA. 32233

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PETER MATARAZZO 2660 STERN DR. ATLANTIE BOACH, FLA 32233

## ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):				
PETER MATARAZZO				
2660 Steriu DR.				
Athantie Bouch, FLA. 32233				
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this				

Bele Malulago
Signature
Signature

FIRST

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is: State - WINE SUPPLY CO.
2.	The name and address of the registered agent and office is:
	POTER MATARAZZO
	2/060 STERN DR.
	(P.O. Box not acceptable)
	HTLANTIC BOACH FLA. 32233

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature) (Date)