

P9500019224

TRANSMITTAL LETTER

95 MAR -8 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

500001424475
-03/08/95--01070--005
****122.50 ****122.50

SUBJECT: PAT KAVANAUGH, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: E. PATRICK KAVANAUGH
Name (printed or typed)

1000 PARK OF COMMERCE BLVD.
Address

HONESTEAD, FL. 33035
City, State & Zip

(305) 230 - 2337
Daytime Telephone number

NK Saw
3/9/95
JK

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Pat Kavanaugh, Inc.

ARTICLE II PURPOSE

First: The purpose for which this corporation is organized is to sell and distribute alcoholic beverages and other consumer products.

Second: The foregoing purposes and activities will be interpreted as examples only and not as limitations, and nothing therein shall be deemed as prohibiting the corporation from extending its activities to any related or otherwise permissible lawful business purpose which may become necessary, profitable or desirable for the furtherance of the corporate objectives expressed above.

Third: This corporation is organized to transact any and all business for which corporations may be incorporated under Chapter 607, Florida Statutes.

ARTICLE III PRINCIPLE OFFICE

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

1000 Park of Commerce Blvd.
Homestead, Fl. 33035

ARTICLE IV SHARES

The corporation shall have the authority to issue 100 shares of common stock, in one class only, each with a par value of \$ 1.00.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

E. Patrick Kavanaugh
1000 Park of Commerce Blvd.
Homestead, Fl. 33035

ARTICLE VI INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

E. Patrick Kavanaugh
83201 Old Highway
Unit 323
Islamorada, Fl. 33036

ARTICLE VII DATE OF INCORPORATION

The date of incorporation shall be the date the State of Florida, Department of State, Division of Corporations receives these Articles of Incorporation.

SECRET
MAY - 8 1961
TALLAHASSEE, FLORIDA

ARTICLE VIII BYLAWS

The corporation bylaws shall establish:

1. Provisions concerning management and regulations of the affairs of the corporation.
2. Powers of the corporation, board of directors, and shareholders.
3. Officers and their duties.
4. Provisions for personal liability of shareholders.
5. Any provision required or permitted to be set forth in the bylaws.

The undersigned incorporator has executed these Articles of Incorporation this 4TH day of March, 1995

[Signature]
Signature

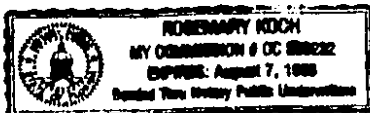
IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Islamorada, State of Florida this 4TH day of March, 1995.

Notary Public

My commission expires:

Rosemary Koch

Aug. 7, 1998



**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

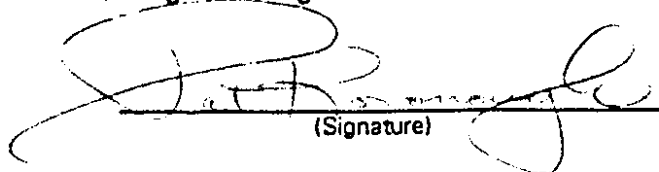
PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: PAT KAVANAUGH, INC.
1000 PARK OF COMMERCE BLVD.
HOMESTEAD, FL. 33035

2. The name and address of the registered agent and office is:

E. PATRICK KAVANAUGH
(Name)
1000 PARK OF COMMERCE BLVD.
(P.O. Box not acceptable)
HOMESTEAD, FL. 33035
(City/State/Zip)

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)

3/6/95
(Date)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 26 PM 3:20

DOCUMENT # **P95000019224**

1 Corporation Name

PAT KAVANAUGH, INC.

Principal Place of Business

**1000 PARK OF COMMERCE BLVD.
HOMESTEAD FL 33035**

Mailing Address

**1000 PARK OF COMMERCE BLVD.
HOMESTEAD FL 33035**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4 Date Incorporated or Qualified
To Do Business in Florida

03/08/1985

5 FEI Number

☒ Applied For

☐ Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.	PAT KAVANAUGH	1117 WHITEHEAD ST KEY WEST	KEY WEST FL 33040

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-10/15/96--01109--003
*****375.00--***375.00**

8 Name and Address of Current Registered Agent

**KAVANAUGH, E P
1000 PARK OF COMMERCE BLVD.
HOMESTEAD FL 33035**

9 Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1117 WHITE HEAD ST

Suite, Apt. #, Etc.

City

KEY WEST FL

State

Zip Code

FL 33040

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **9/23/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/96

**305
862 0004**