

P95000025867

TRANSMITTAL LETTER

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

500001448585
-03/30/95--01015--013
****70.00 ****70.00

SUBJECT: _____ALFIE'S DISCOUNT LIQUORS, INC._____

ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE ARTICLES OF
INCORPORATION AND OUR CHECK FOR \$__70.00_____

FROM; NAME _____GREG EVANS_____

ADDRESS _____99 ROBERTA ROAD_____

CITY _____ORMOND BEACH_____

STATE _____FLORIDA 32176_____

TELEPHONE _____904-441-7024_____

FILED
95 MAR 29 10 51 AM
TALLAHASSEE, FLORIDA
STATE

5/4/3

ARTICLES OF INCORPORATION OF
_____ALFIE'S DISCOUNT LIQUORS, INC. _____

95 MAR 29 AM 10 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I--NAME

THE NAME OF THIS CORPORATION SHALL BE _____
_____ALFIE'S DISCOUNT LIQUORS, INC. _____

ARTICLE II--PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS
CORPORATION SHALL BE _____99 ROBERTA ROAD _____
_____ORMOND BEACH, FL. 32176 _____

ARTICLE III--CAPITAL STOCK

THE NUMBER OF SHARES THAT THIS CORPORATION IS AUTHORIZED TO
HAVE OUTSTANDING AT ANY ONE TIME IS _____
_____60, NO PAR _____

ARTICLE IV--REGISTERED AGENT

THE NAME AND ADDRESS OF THE REGISTERED AGENT IS _____
_____GREG EVANS _____
_____99 ROBERTA ROAD _____
_____ORMOND BEACH, FL. 32176 _____

ARTICLE V-INCORPORATORS

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO
THESE ARTICLES OF INCORPORATION IS (ARE):

GREG EVANS
99 ROBERTA ROAD
ORMOND BEACH, FL. 32176

THE UNDERSIGNED INCORPORATOR(S) HAS(HAVE) EXECUTED THESE
ARTICLES OF INCORPORATION THIS 27th DAY OF
MARCH 1995

SIGNATURE Gregory Frank Evans
SIGNATURE _____
SIGNATURE _____

CERTIFICATION OF DESIGNATION-REGISTERED AGENT/REGISTERED
OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 717.0501,
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING
STATEMENT IN DESIGNING THE REGISTERED AGENT/REGISTERED OFFICE
IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS _____
_____ALFIE'S DISCOUNT LIQUORS, INC._____
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT IS
NAME _____GREG EVANS_____
ADDRESS _____99 ROBERTA ROAD_____
CITY/STATE _____ORMOND BEACH, FL. 32176_____

95 MAR 29 11 00 AM
FILED
TALLAHASSEE
STATE OF FLORIDA

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 *Gregory Frank Evans*_____

DATE _____