

TRANSMITTAL LETTER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

		NSTON 1, INC.			
(Pro	oposed corporate n	ame - must include su	ffix)		
			-{	10222041 06/23/970111 ******78.75 **	62019
Enclosed is an original for:	and one (1) co	py of the articles o	f incorporation a	and a check	
\$70.00	xx \$78.75	\$122.50	\$131.25		
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate		
	!	Additional Cop		1	
				.]	
FROM:	SAVINO ST	ERLACCI			
		(printed or typed)			
	4025 W. W	aters Ave Ste	115		
		Address			•
	Tampa, Fl	. 33614-1976			
	Ci	ty, State & Zip		_	1
	813-79	7-6905		20/1	
	Daytime	Telephone number		2/1/8	7
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			V	An	5/841
NOTE: Please	provide the	original and <u>on</u>	e copy of the	articles.	3EP - 21999

NOTE: Please provide the original and one copy of the articles. $e^{\frac{1}{N^{N}}}$



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 25, 1997

SAVINO STERLACCI 4025 W WATERS AVE, SUITE 115 TAMPA, FL 33614-1976

SUBJECT: WORLD OF BEER EXPANSION I, INC. Ref. Number: W97000014770

We have received your document for WORLD OF BEER EXPANSION I, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Letter Number: 797A00033584

Pamela Hall Document Specialist

ARTICLES OF INCORPORATION

FILED

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

ARTICLE I NAME

The name of the corporation shall be: world of BEER EXPANSION 1, INC.

ARTICLE II PRINCIPAL OFFICE

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

4025 W. Waters Ave Ste 115 Tampa, Fl. 33614

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SAVINO STERLACCI

4025 W. Waters Ave Ste 115

Tampa, Fl. 33614

3742 Masters Drive

Clear Woter, Kl. 34621

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

SAVINO STERLACCI - 3342 Masters Drive, Clearwater, Fl. 34621 Eva Sterlacci - 3342 Masters Drife, Clearwater Fl. 34621

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

FILED

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

1. The name of the o	corporation is:	WORLD	OF BE	ER EX	PANSION	Ι,	INC.
2. The name and ac	ddress of the registe	red agent and	d office i	s:			** 1-1
	SAVINO	STERLACC (Nam			,		
		sters Dr. or Mail Drop B		ACCEPTAI	BLE)		
	Clearwo	iter, Fl. (CITY/STA					

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)