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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT:	nternational Win	e of the Month ate name - must include suff	n aub C	orb.
		O I	0000233E -11/04/97 *****80.00	01002001
Enclosed is an original and one(1) copy of the articles of incorporation and a check for				
☐ \$70.00 Filing Fee	× \$78.75	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
1		ADDITIONAL CO	PY REQUIRED	
WI FROM	1835 W. Call : Tallahassee, F. City,	St Apt 315 Address 1 32301 State & Zip	 유	NOV-3 PM 3: 25
	(850) 475-46 Daytime T	657	P Hall NOV -	3 1997

FILED

LES OF INCORPORATION

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The undersigned incorporator, for the purpose of forming a corporation under the Florida SECRETARY OF STATE Business Corporation Act, hereby adopts the following Articles of Incorporation. TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

International Wine of the Month Club Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1835 W. Call St

Tallahassee FI 32301

SHARES ARTICLE III

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

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: EMILIO F. Sanckez
1835 W. Call 5+ #315

Tallahassee F1 32304

INCORPORATOR

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

EMILIO F. Sanchez 1835 W. Call St #315 Tallahassee, F1 32304

(An additional article must be added if an effective date is requested.)

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/Registered Agent