P99800053434

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

1.

SUBJECT: WINES OF LIFE TINC.						
(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			
	ADDITIONAL COPY REQUIRED					
FROM:	•	inted or typed)	99 JUN 10 SECRETAR TALLAHASS	S S		
	BRABENTON, FLORIS	Idress 14 34208 tate & Zip	AM 8: 02 SEE, FLORIDA			
	941-141-8856	ephone number AUTHO CURRE LATE	DRIZATION BY PHO OT Share was G-14-99	GAVE JE LEBE LC7!		
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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 adopts the following Articles of Incorporation.

Signature/Incorporator	<u> </u>	Date
3 () 2 ()		- 7-99
SHIRLEY D. WATKUS 2627 33RD	Avê. Dr. E. BRA	DENTON, +L-34208
WALTER H. WATKINS 2627 33RS AND	. DK. E. BLAVEN	10N, HL. 34200
The name and address of the incorporator to these Ar	ticles of Incorporation at	re:
ARTICLE V INCORPORATOR		
WALTER H-WATKINS 2627 33RE) AVE DR- E.S.	SKADENIOU, FL. 37202
The name and Florida street address of the initial regist	ered agent are:	20,0062/5/249015
ARTICLE IV INITIAL REGISTERED AG		ADDRESS
1en	-	
The number of shares of stock that this corporation is a	uthorized to have outstar	nding at any one time is:
ARTICLE III SHARES		
2627 33RD AVE-DR. E. BRADI	Extent, Flacible	34208
The principal place of business and mailing address of	-	
ARTICLE II PRINCIPAL OFFICE		7
WINGS OF LIFE INC.		DRIFE O2
The name of the corporation shall be:		E. S. O.
ARTICLE I NAME		SSE

(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 Date