P99000087129

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

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SUBJECT: BEVERAGE PRODUCTION MANIAGEMENT, 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

□ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

Name (Printed or type)

Name (Printed or typed)

675 Pasationpo Point-11

Larce Mary Florion, 3274/

Daytime Telephone number

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

1999 SEP 29 PH 4: 27
SECRETARY OF STATE
TALLAHASSEE, FI ORIE,

FILED

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.

1999 SEP 29 PM 4: 27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The name of the corporation shall be:	•	
BEVERAGE PRODUCTION	MANAGEMENT	Ine.
ARTICLE II PRINCIPAL OFFICE		A**

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

P.O. Box 952935

LAKE MARRY, FL. 32795-2935

ARTICLE III SHARES

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

1,000,000 Common

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Thomas Barfell - 1355 Benovett Dr. Suite 125

Long wood, 71, 32750

ARTICLE V INCORPORATOR

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

THOMAS BARFELL-1355 BENNEH DN. SUITE 123

Longwood, 7132750

Manus Sachell
Signature/Incorporator

(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 propisions 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