FILED 99 OCT 28 AN 10: 42 SECRETARY UF STATE ALLAHASSEE, FLODINA TRANSMITTAL LETTER Department of State **Division of Corporations** P. O. Box 6327 8000030284 Tallahassee, FL 32314 10/28/99--01077 -013 ****87.50 ****87.50 Wine Warchouse of Altamonte Springs (Proposed corporate name - must include suffix) Inc **SUBJECT:** Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$87.50 **3** \$70.00 \$78.75 □\$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, Certified Copy & Certificate of Status & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED IVEY FROM: FILEDERICIC AN IN Name (Printed or typed) PISA DR . #213 Address 8762 <u>), FC = 32810</u> City, State & Zip 15 - 9809 -Daytime Telephone number

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.

ARTICLE I NAME The name of the corporation shall be: Wine Warehouse of Altamonte Springs, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 990 North State Road 434, #9 Altomonte Springs, Fl. 32714 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 300 (Three hundred) INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV The name and Florida street address of the initial registered agent are: THOMAS DORM3624 MN 9746 BLUD GAINESVILLE, FL. 32606 ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: FREDERRICAL. IVEY 8762 PISA DR. APT 213 ORLANDO, FL 32810 ж.; 10/25/ Fiederick M drey

(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

10/25/99

Signature/Registered Agent