

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1515

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
SABACA BEVERAGE GROUP-FLORIDA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APR 29 AM 9:43

**ARTICLE I NAME**

The name of the corporation shall be:

SABACA BEVERAGE GROUP-FLORIDA, INC. SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE II PRINCIPAL OFFICE**

Principal street address

100 Lexington Dr. #202

Buffalo Grove, IL 60089

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to engage in any activity within the purposes for which corporations may be organized under the laws of the State of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Melissa-Ann Miller, President &amp; Secretary

Address: 100 Lexington Dr. #202

Buffalo Grove, IL 60089

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company

Address: 1201 Hays Street

Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Maureen Koziol

Address: 150 S. Wacker Dr. Ste 1500

Chicago, IL 60606

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Matthew Young

Asst. V. Pres.

Required Signature/Registered Agent

4-29-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Maureen Koziol

Required Signature/Incorporator

April 29, 2011

Date