



**COVER LETTER**

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

**SUBJECT:** Viniferamine, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Allison M. Lindner

Name (Printed or typed)

666 Grand Avenue, Ste. 2000, Ruan Center

Address

Des Moines, Iowa 50309

City, State & Zip

515-242-2461

Daytime Telephone number

lindner@brownwinick.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 29, 2014

ALLISON M. LINDER  
666 GRAND AVENUE  
STE. 2000, RUAN CENTER  
DES MOINES, IA 50309

SUBJECT: VINIFERAMINE, INC.  
Ref. Number: W14000033344

We have received your document for VINIFERAMINE, INC. and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 914A00011518



**Brown Winick**  
ATTORNEYS AT LAW

Brown, Winick, Graves, Gross,  
Baskerville and Schoenebaum, P.L.C.

666 Grand Avenue, Suite 2000  
Ruan Center, Des Moines, IA 50309-2510

June 3, 2014

*direct phone: 515-248-6637*

*direct fax: 515-248-6639*

*email: cme@brownwinick.com*

**VIA FEDEX OVERNIGHT MAIL**

Florida Department of State  
Attn: Maryanne Dickey  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32314

Re: Viniferamine, Inc.  
Letter Number: 914A00011518

Dear Ms. Dickey:

Enclosed please find the corrected Articles of Incorporation for filing. Please file accordingly. Should you have any questions or concerns regarding the enclosed, please contact me at the above referenced telephone number. Thank you.

Sincerely,

Cindy M. Erickson  
Legal Assistant to Allison M. Lindner

Enclosure

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: Viniferamine, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2769 HEARTLAND DRIVE, SUITE 303  
Coralville, Iowa 52241

Mailing address, if different is:

2769 HEARTLAND DRIVE, SUITE 303  
Coralville, Iowa 52241

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

FILED  
14 JUN -4 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Dr. Darlene McCord, President

Name and Title: \_\_\_\_\_

Address 2769 HEARTLAND DRIVE, SUITE 303

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

Coralville, Iowa 52241

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: CT Corporation System  
 Address: 1200 South Pine Island Road  
Plantation, Florida 33324

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 14 JUN -4 AM 8:46  
 FILED

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Allison M. Lindner  
 Address: 666 Grand Avenue, Ste. 2000, Ruan Center  
Des Moines, Iowa 50309

*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*

CT Corporation System by: James M. Halpin  
Assistant Secretary  
 Required Signature/Registered Agent

5/22/2014  
 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.*

Allison M. Lindner  
 Required Signature/Incorporator  
 Allison M. Lindner

5/22/14  
 Date