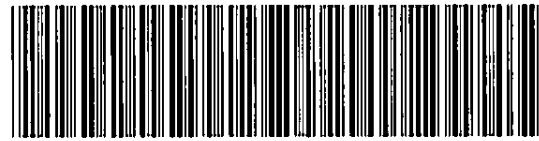


F23000002752



900408413159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



2023 MAY -9 AM 11:35

2023 MAY -9 PM 6:20

MAY 09 2023

Brumbly



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexis Weiland-Sorenson
Ext: 61592
Date: 05/09/23
Order #: 1211153-1
Re: Shafer Vineyards Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:
120000000195

AUTH

A handwritten signature in black ink, appearing to read 'Alexis Weiland-Sorenson', written in a cursive style.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shafer Vineyards Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Demetra Nicozisin

Name of Person

Bryan Cave Leighton Paisner LLP

Firm/Company

211 N. Broadway, Suite 3600

Address

St. Louis, MO 63102

City/State and Zip code

RLawson@shafervineyards.com

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

For further information concerning this matter, please call:

Demetra Nicozisin

at (314) 259-2890

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Shafer Vineyards Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 94-2620001
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/18/1979 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6154 Silverado Trail, Napa, CA 94558
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

2023 MAR -9 PM 6:20

9. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company
By: Alexis Weiland-Sorenson, AVP
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Neil Stern
 Vice Chairman Address: 6154 Silverado Trail
 Director Napa, CA 94558
 President _____
 Vice President _____
 Secretary Treasurer
 Other CEO Other Director

Chairman Name: Brian Kim
 Vice Chairman Address: 6154 Silverado Trail
 Director Napa, CA 94558
 President _____
 Vice President _____
 Secretary Treasurer
 Other CFO Other Director

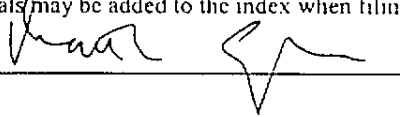
Chairman Name: Aaron Cheris
 Vice Chairman Address: 6154 Silverado Trail
 Director Napa, CA 94558
 President _____
 Vice President _____
 Secretary Treasurer
 Other Director Other _____

Chairman Name: Jeff Haidet
 Vice Chairman Address: 6154 Silverado Trail
 Director Napa, CA 94558
 President _____
 Vice President _____
 Secretary Treasurer
 Other Director Other _____

Chairman Name: Douglas F. Shafer
 Vice Chairman Address: 6154 Silverado Trail
 Director Napa, CA 94558
 President _____
 Vice President _____
 Secretary Treasurer
 Other Director Other _____

Chairman Name: Matthew Sharp
 Vice Chairman Address: 6154 Silverado Trail
 Director Napa, CA 94558
 President _____
 Vice President _____
 Secretary Treasurer
 Other General Manager Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Matthew Sharp, General Manager

(Typed or printed name and capacity of person signing application)



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: SHAFER VINEYARDS
Entity No.: 0964767
Registration Date: 10/18/1979
Entity Type: Stock Corporation - CA - General
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 08, 2023.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 106419732

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.