

FD1000006014

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: HOUSE OF DANIELS, 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", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

MAJH

Please return all correspondence concerning this matter to the following:

Linda Fox Young

(Name of Person)

The Compliance Connection

(Firm/Company)

P.O. Box 7838

(Address)

Santa Rosa, CA 95407

(City/State/Zip)

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-11/19/01--01026--003
*****70.00 *****70.00

Should you need to call someone concerning this matter, please call:

Linda Fox Young

(Name of Person)

at (707) 284-2828

(Area Code & Daytime Telephone Number)

FILED
01 NOV 19 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$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. HOUSE OF DANIELS, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. California 3. 94-0510970
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 19, 1961 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Business will begin upon issuance of letter of acknowledgement and upon approval of brand/label registration application
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. P.O. Box 685
Novato, CA 94945
(Current mailing address)
8. Market and sell wine to wholesalers throughout the United States
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box NOT acceptable)
Name: David Brown
Office Address: 3695 Interstate Parkway Drive
Riviera Beach, Florida, 33404
(Zip code)

10. 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.

(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Charles I Daniels, Jr.

Address: 12 Harbor Drive, Black Point
Novato, CA 94948

Vice Chairman: None

Address: _____

Director: Peter L. Daniels

Address: 12 Harbor Drive, Black Point
Novato, CA 94948

Director: Carol L. Daniels

Address: 12 Harbor Drive, Black Point
Novato, CA 94948

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Charles I. Daniels, Jr.

Address: 12 Harbor Drive, Black Point
Novato, CA 94948

Vice President: Peter L. Daniels

Address: 12 Harbor Drive, Black Point
Novato, CA 94948

Secretary: Peter L. Daniels

Address: 12 Harbor Drive, Black Point
Novato, CA 94948

Treasurer: Charles I. Daniels, Jr.

Address: 12 Harbor Drive, Black Point
Novato, CA 94948

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Peter L. Daniels, Executive Vice President

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

State of California



SECRETARY OF STATE CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the **19th day of May, 1961, HOUSE OF DANIELS, INC.** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day
of October 2, 2001.



Bill Jones
BILL JONES
Secretary of State

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