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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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J. BRYAN AUG - 1 2003

BEER & WINE SERVICES, INC.

211 Wapoo, Suite 202 Calistoga, CA 94515 Phone (707) 942-6911 Fax (707) 942-9435 andreagra@aol.com

July 22, 2003

Florida Secretary of State Registration Section Division of Corporations/LLC PO Box 6327 Tallahassee, FL 32314

RE: Grape Expectations Wine Imports Inc

Dear Sir or Madam:

Enclosed herewith for your review and approval are the following documents for the above mentioned client:

- Transmittal Letter
- Application by Foreign Corp for Authorization to Transact Business in Florida
- Certificate of Good Standing from incorporating state
- Company check in the amount of \$70.00, to cover said fees

Once authority to ship has been issued, please mail to:

Beer and Wine Services Inc 211 Wapoo, Suite 202 Calistoga, Ca 94515

If you should have any questions regarding this application, please contact me directly at (800) 788-0212.

Sincerely,

Lisa Sailing

Licensing Manager

Enclosure

TRANSMITTAL LETTER

TRANSMITTAL LETTER TO: Registration Section Division of Corporations SUBJECT: GRAPE EXPECTATIONS WINE IMPORTS, INC. (Name of corporation - must include suffix)	
TO: Registration Section Division of Corporations	
SUBJECT: GRAPE EXPECTATIONS WINE IMPORTS, INC.	8 . Oc
(Name of corporation - must include suffix)	% O4.
Dear Sir or Madam:	A 0.
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.	
Please return all correspondence concerning this matter to the following:	
ANDREA L. ANDERSON	
(Name of Person)	
BEER & WINE SERVICES, INC.	
(Firm/Company)	•
211 WAPOO, SUITE 202	_
(Address)	- +
CANTICTOCAL CA. 04515	
CALISTOGA, CA 94515 (City/State and Zip code)	
(ON), ONLY WILL DIP THEO,	
For further information concerning this matter, please call:	
ANDREA L. ANDERSON at (800) 788-0212	
(Name of Person) (Area Code & Daytime Telephone Number)	•
STREET ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section Division of Corporations Division of Corporations	
409 E. Gaines St. P.O. Box 6327	
Tallahassee, FL 32399 Tallahassee, FL 32314	
Enclosed is a check for the following amount:	
\$\forall \\$70.00 \text{ Filing Fee & } \preceq \\$78.75 \text{ Filing Fee & } \preceq \\$87.50 \text{ Filing Fee, } \\ \text{Certificate of Status & } \text{Certified Copy} \end{array}\$	-

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. GRAPE EXP	ECTATIONS WINE IMPORTS, INC.		<u>`_</u>	
words or abbre		learl	ED", "COMPANY", "CORPORATION" or y indicate that it is a corporation instead of a present.)	KILL SAN SON
2. NORTH CAR	ROLINA	3.	56-2154073	Say 12
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	199 Co
4. 8/20/99		_ 5.	PERPETUAL	2/01
(Da	te of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	199
6. UPON APPR				
(Date first trans			t transacted business in Florida, insert "upon qualification."), 607.1502 and 817.155, F.S.)	
7,2307 INDUST	RIAL PARK DR WILSO	N, N	C 27893	
	(Principal offic	e add	ress)	
211 WAPOO,			A, CA 94515	
	(Current mailin	g add	ress)	
			,	
8. SELLING WI	NE TO LICENSED FLORIDA DISTRI	BUT	ORS	
(Purpose	(s) of corporation authorized in home state	or co	ountry to be carried out in state of Florida)	
9. Name and st	reet address of Florida registered ag	ent:	(P.O. Box or Mail Drop Box NOT acceptable)	
Name:	CORPORATION SERVICE COMPAN	ĮΥ		
Office Address:	1201 HAYS STREET		·	
	TALLAHASSEE		, Florida 32301	
	(City)		(Zip code)	
Having been nad designated in the further agree to	is application, I hereby accept the app	oint. utes i	ice of process for the above stated corporation at the ment as registered agent and agree to act in this capa relative to the proper and complete performance of n of my position as registered agent.	icity. I

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.

Brian Courtney
(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

A. DIRE	CTORS
Chairman:	TINA M. COLLINS WILLIFORD
Address:	1100 WOODLAND DR
_	WILSON, NC 27893
Vice Chair	man:
Address: _	
_	
Director:	MARQUIS B. WILLIFORD
Address:	SAME AS ABOVE
Director:	
_	
B. OFFI	CERS
	TINA M. COLLINS WILLIFORD
Address: _	SAME AS ABOVE
Vice Presid	ient:
_	
Secretary:	MARQUIS B. WILLIFORD
Address: _	SAME AS ABOVE
Treasurer:	MARQUIS B. WILLIFORD
Address: _	SAME AS ABOVE -
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	Olive tuletyon
·	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14	TINA M. COLLINS WILLIFORD
	(Typed or printed name and capacity of person signing application)



State of North Carolina Department of The Secretary of State

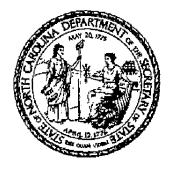
CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

GRAPE EXPECTATIONS WINE IMPORTS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 20th day of August, 1999, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State, if applicable; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 1st day of July, 2003.

Elaine I. Marshall

Secretary of State

Certification Number: 6962558-1 Page: 1 of 1 Ref.# 5191815-Verify this certificate online at www.secretary.state.nc.us/Verification.