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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Sta	atus			
Special Instructions to Filing Officer:				
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TRANSMITTAL LETTER

TO:	Registration Division of		ns					
SUBJ	ECT:	Tucker	Cellars	Incor	porated			
(Name of corporation - must include suffix)								
Dear S	ir or Madam:							
"Certif		ence," and			Authorization to T egister the above r			
Please	return all cor	respondenc	e concerning t	his matter	to the following:			
	Randy	Tucker					<i>F</i> . v	<u></u>
			_	(Name of	Person)		گاسم. حملات	
	Tuckei	c Cella	rs Incor	porate	đ		Ę	空盖工
				(Firm/Co	mpany)		TIA	59 7 F
	70 Ray	y Road					ر	
				(Addr	ess)			70 3 C
	Sunnvs	side, W	a. 98944					L 2: :
· · · · · ·				ity/State a	und Zip code)		· · · · · · · · · · · · · · · · · · ·	S O O
For fu	ther informat	tion concer	ning this matte	r, please c	all:			
	Randy 5	rucker	at i	509	837-870	01		
	(Name of F	Person)		(Area (Code & Daytime T	elephone N	(umber)	
	STREET A Registration Division of 409 E. Gain Tallahassee	n Section Corporationes St.	ns		Registra Division P.O. Bo	NG ADDRI tion Section of Corpora x 6327 ssee, FL 32	ntions	
Enclos	ed is a check	for the foll	owing amount	:				
₫ \$70	.00 Filing Fe		8.75 Filing Fe ertificate of St		\$78.75 Filing Fe Certified Copy	e& □:	\$87.50 Fil Certificat Certified	e of Status &

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.	1. Tucker Cellars Incorporated	
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION "Inc.," "Co.," "Corp.," "Inc.," "Co," or "Corp.")	ι, "
	NA	
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting	g business in Florida)
2.	Washington 91-2015039	
	2. (State or country under the law of which it is incorporated) (FEI number, if appl	icable)
4.	2000 perpetual	
	(Date of incorporation) (Duration: Year corp. will cease to	exist or "perpetual")
6.	6. NA	
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability	7005 1 A L
7	70 Ray Road Sunnyside, Wa. 98944	10000000000000000000000000000000000000
	(Principal office address)	201
	70 Ray Road Sunnyside, Wa. 98944	# 2 C
	(Current mailing address)	平分?
	g Domestic Winery	SE 50
8.	8. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Flo	orida)
_		,
9.	9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
	Name: Avinya Distributors Dearth Kalidas)	
Oi	Office Address: 7575 Kingspointe Parkway Suite 23	
	Orlando , Florida 32819	
	(City) (Zip code)	
Hi de fu	10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated designated in this application, I hereby accept the appointment as registered agent and agrefurther agree to comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligations of my position as registered agent.	e to act in this capacity. I
	(Registered agent's signature)	
		at an an an an an an an an
11	11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to de	livery 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 business addresses of officers and/or directors:

A. DIRECTORS Chairman: ___ Address: ___ Vice Chairman: Address: _____ Address: ___ Director: Address: B. OFFICERS President: Rose Tucker Address: 70 Ray Road Sunnyside, Wa 98944 Vice President: Address: Secretary: ___ Address: ___ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

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

Rose Tucker President



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seed, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

TUCKER CELLARS, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 12/27/1999.

I FURTHER CERTIFY that as of the date of this certificate, TUCKER CELLARS, INC. remains active and has complied with the filing requirements of this office.

Date: February 15, 2005

UBI: 602-001-674

STATE OF WASHINGTON TO THE STATE OF WASHINGTON TO THE STATE OF THE STA

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State