

7. BUCHOLD ... Q. 4100

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FIVE STAR CELLARS 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.

Please return all correspondence concerning this matter to the following:

DAVID L. HUSE

(Name of Person)

FIVE STAR CELLARS

(Firm/Company)

840 E ST

(Address)

WACCA WACCA WA. 99362

(City/State and Zip code)

For further information concerning this matter, please call:

DAVID HUSE at (509) 527-8400

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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. FIVE STAR COLLARS 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. WASHINGTON 3. 91-2106965
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2-20-01 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NONE
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 840 "C" ST. WALLA WALLA WA 99362
(Principal office address)

840 "C" ST WALLA WALLA WA 99362
(Current mailing address)

8. Shipping wine to distributor
(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 NOT acceptable)

Name: PATRICIA BARRETT BARRETT

Office Address: 1212 N 39th ST Suite 408

TAMPA, Florida 33605
(City) (Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: DAVID LOHUSE

Address: 2225 Roberts PLACE

WACCA WACCA WA 99362

Vice Chairman: SANDRA LOHUSE

Address: 2225 Roberts PLACE.

WACCA WACCA WA 99362

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DAVID L. HUSE

Address: 2225 Roberts PLACE

WACCA WACCA WA 99362

Vice President: -NONE-

Address: _____

Secretary: SANDRA L. HUSE

Address: 2225 Roberts PLACE

Treasurer: WACCA WACCA WA 99362

Address: → SAME AS SECRETARY-

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. DAVID L. HUSE PRESIDENT-

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

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

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

FIVE STAR 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 2/20/2001.

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

Date: August 17, 2006

UBI: 602-099-887

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Sam Reed, Secretary of State