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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Gold DiggER ADOLES, INC. (Name of corporation - must include suffix) DBA: OKANOGAN ESTATE & VINEYARDS Dear Sir or Madam:
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:
Amy Jo Morris
(Name of Person)
OKANOGAN ESTATES VINEYARDS
P.O. Box 2550 (Firm/Company)
(Address)
OROVILLE, WA 98844 (City/State and Zip code)
(City/State and Especial)
For further information concerning this matter, please call:
Amy Jo Morris at (509) 476-3646 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAHLING 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 \$\sum \text{\$78.75 Filing Fee & }\sum \text{\$87.50 Filing Fee,} \\ \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy}

APPLICATION BY-TUREIGN 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. (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) (State or country under the law of which it is incorporated) (Duration: Year corp. will cease to exist or "perpetual") NO TRANSACTIONS (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (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: PASADENA AVE., Suite 204 Office Address: , Florida <u>33707</u> (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 business addresses of officers and/or directors:

A. DIKE			
	JACK NEISON		
Address: _	140 W. Boundary Point Rd.		
_	OROVILLE, WA 98844		
Vice Chain	man: Robert Bergh		
	100 S. JANIS Rd.		
	TONASKET, WA 98855		
Director:	JERRY FORNEY		
	#7 LAKEVIEW LAME		
/marcas	Oroville, WA 98844	, , , , , , , , , , , , , , , , , , , 	
Director:	DUANE WARD		
_	32630A HWY. 97		
_	OROVILLE, WA 98844	TA _{cc} 0	
B. OFFIC		Z JAN ECR.CI	
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Vice Presid	ient: N/A	HDA 2	
-			
Secretary:	GWNNE GODWIN		
	12 UtzingER Rd., TONASKET, WA	98855	
Treasurer:	GREA MOSER		
Address: _	58 W. BOUNDARY POINT ROAD, OROVI)	116.WA 988	3/16
		<u> </u>	<u></u>
NOTE: H	f necessary, you may attach an addendum to the application listing additional officers at	nd/or directors.	
13	XHOPP WYE		
	(Signature of Director or Officer/listed in number 12 of the application)	·········	_
14	GREG MOSER-TREASURER		
	(Typed or printed name and capacity of person signing application)		



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 GOLD DIGGER APPLES, 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 5/24/1938.

1 FURTHER CERTIFY that as of the date of this certificate, GOLD DIGGER APPLES, INC. remains active and has complied with the filing requirements of this office.

Date: November 14, 2006

UBI: 244-000-144

STATE OF WASHINGS SHILL 1889 NO.

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

Sam Reed, Secretary of State