

FO9000002145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800149621228

04/13/09--01021--018 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAY 27 AM 11:57

FILED

2009-2256
6552-60M
107-2557

2009-17407
609-60M
4138-60M

J. Shivers MAY 28 2009

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: St. Innocent, Ltd.
(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:

Mark Vlossak, President
(Name of Person)
St. Innocent, Ltd.
(Firm/Company)
5657 Zena Rd. N.W.
(Address)
Salem, OR 97304
(City/State and Zip code)

2009 MAY 27 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Mark Vlossak at (503) 932-2129
(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. St. Innocent Ltd.,^{new} Limited - Corporation
(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. Oregon 3. 93-0879899
(State or country under the law of which it is incorporated) (FET number, if applicable)

4. 3/3/1988 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5657 Zena Rd NW, Salem, OR 97304
(Principal office address)

Same
(Current mailing address)

8. Sale of wine
(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)

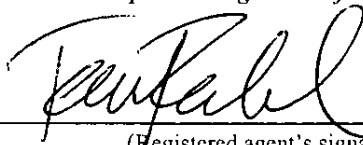
Name: Terri Froelich
Office Address: 5001 NW 13th Ave Suite L
Deerfield Beach, Florida 33064
(City) (Zip code)

2009 MAY 27 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Mark Vlossak

Address: 765 Fir Place, SE

Salem, OR 97306

Vice President: _____

Address: _____

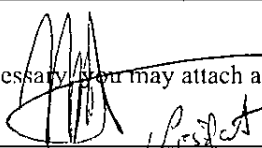
Secretary: Walter Perry, III

Address: 23505 Gooseneck Creek Rd., Sheridan, OR 97378

Treasurer: _____

Address: _____

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. Mark Vlossak, President

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

FILED
2009 MAY 27 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

ST. INNOCENT, LIMITED

was

incorporated

under the Oregon

Business Corporation Act

on

March 31, 1988

and is active on the records of the Corporation Division as of
the date of this certificate.

2009 MAY 27 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

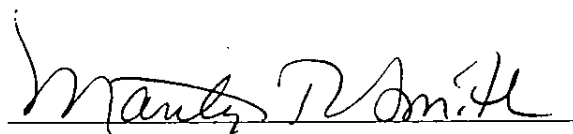
FILED



In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.

KATE BROWN, Secretary of State

By



Marilyn R. Smith

April 2, 2009