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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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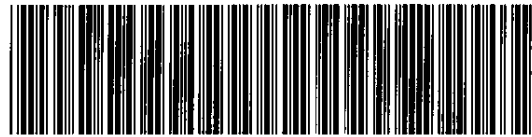
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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171

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** CALIFORNIA NATURAL PRODUCTS 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," or "Certificate of Good Standing" 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:

ANDREW HICKS

Name of Person

CALIFORNIA NATURAL PRODUCTS

Firm/Company

1250 EAST LATHROP ROAD

Address

LATHROP, CA 95330

City/State and Zip code

andrew.hicks@cnp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW HICKS

Name of Person

at (209) 858 2525 Ext. 261

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. CALIFORNIA NATURAL PRODUCTS 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. CALIFORNIA 3. 94-2635501  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/01/1980 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NOT APPLICABLE - NOT TRANSACTING BUSINESS YET  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1250 EAST LATHROP ROAD, LATHROP, CA 95330  
(Principal office address)
- P.O. BOX 1219, LATHROP, CA 95330  
(Current mailing address)

8. SALE OF WINE TO A FLORIDA 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: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD  
PLANTATION, Florida 33324  
(City) (Zip code)

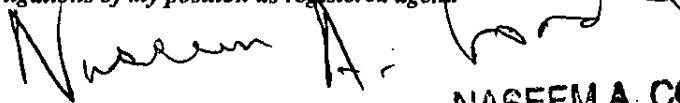
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TALLAHASSEE, FLORIDA

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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)

**NASEEM A. CONDE  
SPECIAL ASST. SECRETARY**

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.

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

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A. DIRECTORS

Chairman: PAT MITCHELL

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Address: 1250, EAST LATHROP ROAD, LATHROP, CA 95330

Vice Chairman: WILLIAM ~~PI~~ TIPTON

Address: 1250, EAST LATHROP ROAD, LATHROP, CA 95330

Director: GENE GUELFO

Address: 1250, EAST LATHROP ROAD, LATHROP, CA 95330

Director: MARC WEINSTEIN

Address: 1250, EAST LATHROP ROAD, LATHROP, CA 95330

B. OFFICERS

President: PAT MITCHELL

Address: 1250, EAST LATHROP ROAD, LATHROP, CA 95330

Vice President: MARC WEINSTEIN

Address: 1250, EAST LATHROP ROAD, LATHROP, CA 95330

Secretary: WILLIAM ~~PI~~ TIPTON

Address: 1250, EAST LATHROP ROAD, LATHROP, CA 95330

Treasurer: GENE GUELFO

Address: 1250, EAST LATHROP ROAD, LATHROP, CA 95330

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. PAT MITCHELL

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

**State of California**  
**Secretary of State**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

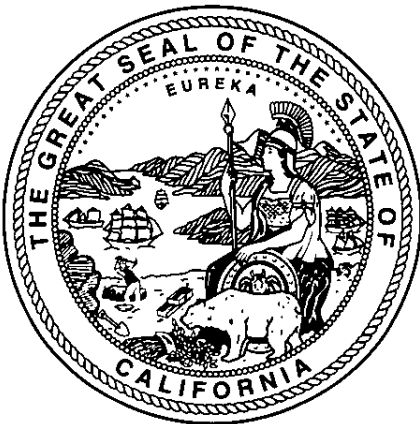
**CALIFORNIA NATURAL PRODUCTS**

**FILE NUMBER:** C0971469  
**FORMATION DATE:** 01/01/1980  
**TYPE:** DOMESTIC CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of June 23, 2010.

*Debra Bowen*

**DEBRA BOWEN**  
**Secretary of State**