## F11000001286

| (Rec                      | questor's Name)   |              |
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| PICK-UP                   | WAIT              | MAIL         |
|                           |                   | <u> </u>     |
| (Bus                      | siness Entity Nar | ne)          |
| (Doc                      | cument Number)    | <del>.</del> |
|                           |                   |              |
| Certified Copies          | Certificates      | of Status    |
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| Special Instructions to F | Filing Officer:   |              |
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Office Use Only



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11 MAR 22 PH 1: 49
SECRETARY OF STATE
TALLAHASSEE FIORING

MRA 3/24

## **COVER LETTER**

| TO:       | Division of Corporations  |  |   |  |
|-----------|---|--|---|--|
| SUBJ      | ECT:  | Craft D<br>Name of corpora                 | );st:\\ers<br>ation - must include suffix   | Inc.   |
| Dear S    | Sir or Madam:   |  |   |  |
| "Certif   | ficate of Existence   |  | for Authorization to Transact<br>Standing" and check are submasiness in Florida.    |  |
| Please    | -   | ondence concerning this m                  | <del>-</del>  |  |
|           | De  | enise Nider                                | ost<br>e of Person  |  |
|           | C   |  | stillers In   | <b>c</b> .                                     |
|           |   | <b>`</b>                                   | Company   |  |
|           |   | 10 150x 1                                  | Address   |  |
|           |   | Ukich                                      | CA 955 ate and Zip code   | 182  |
|           |   |  | _   | 1  |
|           |   | E-mail address: (to be u                   | sed for future annual report no   | tification)                                    |
| For fu    | rther information   | concerning this matter, plea               | ase call:   |  |
| De        | Name of Person  | derost at (70                              | rea Code & Daytime Telepho  | 3 4 5 ne Number                                |
|           | STREET/COU<br>New Filing Sect<br>Division of Cor<br>Clifton Building<br>2661 Executive<br>Tallahassee, FL | porations<br>3<br>Center Circle            | MAILING AD<br>New Filing Sec<br>Division of Cor<br>P.O. Box 6327<br>Tallahassee, FL | tion<br>porations                              |
| Enclos    | ed is a check for   | the following amount:                      |   |  |
| <b>\$</b> | 70.00 Filing Fee  | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy   | \$87.50 Filing Fee,<br>Certificate 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<br>REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.  |
|---|
| 1. Craft Distillers 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. 75-3087881  (State or country under the law of which it is incorporated) (FEI number, if applicable)   |
|   |
| 4. Nov. 05, 2002 5. Perpetual")  (Date of incorporation) [Duration: Year corp. will cease to exist or "perpetual")  |
| (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")   |
| 6. Jan 1, 2011  |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  |
| 7. 3001 S. State St #35 Ukiah CA 95482 (Principal office address)   |
|   |
| POB 1059 UK: al (A 95482<br>(Current mailing address)   |
| 8. Sales person for distilled Spirits  (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: Barbara Tredell   |
| Office Address: 380 Hiawatha kay  |
| Melbourne Beach, Florida 32951 (City) (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. |
|   |

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   | The State State State                    |
| Chairman:  | 11 MAR 22 PM 1: 50                       |
| Address:   | SECRETARY OF STATE                       |
|  | TALLAHASSFE FLORIDA                      |
| Vice Chairman:   |  |
| Address:   |  |
|  | ed                                       |
| Director:  |  |
| Address:   | ·  |
| 90   |  |
| Director:  |  |
| Address:   |  |
| Address.   |  |
| B. OFFICERS  |  |
| President:   |  |
| Address:   |  |
|  |  |
| Vice President:  |  |
| Address:   | ,  |
|  |  |
| Secretary:   |  |
| Address:   |  |
| Treasurer:   |  |
| Address:   |  |
| NOTE: If necessary, you may attach an addendum to the application listing  | ng additional officers and/or directors. |
| $\lambda()$ · $\lambda$  |  |
| Signature of Director or Office  |  |
| The officer or director signing this document (and who is listed in number are true and that he or she is aware that false information submitted in a document.) |  |
| third degree felony as provided for in s.817.155, F.S.   | Denise Niderost                          |
| 14. (Typed or printed name and capacity of person sig  | VP. Treasurer                            |
| (1) ped or printed name and capacity or person sig   | approunce)                               |

CRAFT DISTILLERS Statement of Interest 1/1/2011

Director

Jay Behmke

930 Valley View Dr Healdsburg, CA 95448 11 MAR 22 PM 1:50

SECRETARY OF STATE FALLAHASSEE FLORIDA

Printed 5/8/98

Tele: 707 526-4200

Pres Sect Ansley J. Coale 5000 Low Gap Rd Ukiah, CA 95-102

CEO

Director

Printed 07/27/82

Tele: 707 468-7896

Director

John H de Neufville(son)

c/o ICD International

600 Madison Ave, 18th Floor

NY,NY 1002

Tele: 917 682-7600

Tele: 646 314-8215 home

VΡ Treas **Denise Niderost** 730 N Pine St

Ukiah, CA 95482

Tele:

Printed 02/02/95

707 462-2345

Director

Jesse Shuman-Okie

225 South Sixth Street #400

Minneapolis, MN 55402

Tele:

207-725-5457

Tele: 651 653-9629

Director

Stephen Pulsifer (Macin)

156 Valley Road Katonah, NY 10536

Tele: 914 232-8830

F Signed

## State of California

Secretary of State

CERTIFICATE OF STATUS

FILED

11 MAR 22 PM 1: 49

SECRETARY OF STATE-FALL AHASSEE FLORIDA

211 65 3

ENTITY NAME:

CRAFT DISTILLERS INC.

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FILE NUMBER:

C2473614

FORMATION DATE:

11/05/2002

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 March 09, 2011.

DEBRA BOWEN

Secretary of State