

F13000005049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

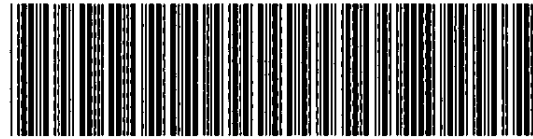
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200253855172

11/20/13--01024--008 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV 20 AM 11:49

Ps 11/21/13-

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: COMPLI 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:

SARAH COGAN

Name of Person

COMPLI INC.

Firm/Company

P.O. BOX 3617

Address

PASO ROBLES, CA 93447

City/State and Zip code

sarah@compli-beverage.com

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

For further information concerning this matter, please call:

SARAH COGAN

Name of Person

at (805) 239-4502

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. COMPLI, 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

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 01/01/2005

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. 10/15/2013

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

7. 8834 MORRO RD, ATASCADERO, CA 93422

(Principal office address)

P.O. BOX 3617, PASO ROBLES, CA 93447

(Current mailing address)

8. COMPLIANCE SERVICES RELATED TO SALES OF ALCOHOL

(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:

SANDY JAMES

Office Address:

1903 PRINCETON LAKES DR., #2012

BRANDON

(City)

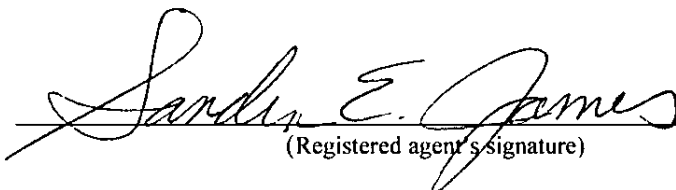
, Florida

33511

(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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV 20 AM 11:49

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: RACHEL TURNER DUMAS REY

Address: 8834 MORRO RD, ATASCADERO, CA 93422

Director: ERNEST REY

Address: 8834 MORRO RD, ATASCADERO, CA 93422

B. OFFICERS

President: RACHEL TURNER DUMAS REY

Address: 8834 MORRO RD, ATASCADERO, CA 93422

Vice President: _____

Address: _____

Secretary: RACHEL TURNER DUMAS REY

Address: 8834 MORRO RD, ATASCADERO, CA 93422

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

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. RACHEL REY

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV 20 AM 11:49

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

COMPLI, INC.

FILE NUMBER: C2713762
FORMATION DATE: 01/01/2005
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 NOV 20 AM 11:49

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 November 05, 2013.

Debra Bowen

DEBRA BOWEN
Secretary of State