

FA000004159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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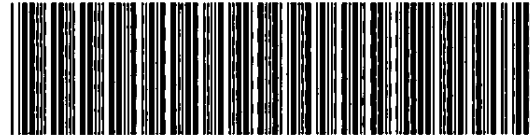
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sonoma Beverage Works, 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:

NATALIE ROSENTHAL

Name of Person

CARLE, MACKIE, POWER & ROSS LLP

Firm/Company

100 B STREET, SUITE 400

Address

Santa Rosa, CA 95401-6376

City/State and Zip code

gloria@licensewine.com

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

For further information concerning this matter, please call:

Natalie Rosenthal

Name of Person

at (707) 526-4200

Area Code & Daytime Telephone Number

nrrosenthal@cmprlaw.com

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

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SONOMA BEVERAGE WORKS, INC.

FILE NUMBER: C3528746
FORMATION DATE: 01/11/2013
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 September 22, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State

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. **SONOMA BEVERAGE WORKS, 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. **46-1793553**

(FEI number, if applicable)

4. **01/11/2013**

(Date of incorporation)

5. **Perpetual**

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

6. **August 18, 2014**

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

7. **36A Mill Street, Healdsburg, CA 95448-4010**

(Principal office address)

30C MILL STREET, HEALDSBURG, CA 95448-4010

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **NRAI Services, Inc.**

Office Address: **1200 South Pine Island Rd**

Plantation

(City)

, Florida **33324**

(Zip code)

9. 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.

By:

Wendy D. Rea

NRAI Services, Inc.

Wendy Rea, VP & Assistant Secretary

(Registered agent's signature)

10. 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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DEPARTMENT OF STATE

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

A. DIRECTORS

Chairman: DAVID HENRY CORDTZ

Address: 415 MATHESON STREET, HEALDSBURG, CA 95448

Vice Chairman: ROBERT YVES GREENBERG

Address: 1815 SW Montgomery Drive, Portland, OR 97201-2438

Director: Henry Preiss

Address: 15111 La Plata Court, Ramona, CA 92065-4522

Director: _____

Address: _____

B. OFFICERS

President: David Henry Cordtz

Address: 415 Matheson Street, Healdsburg, CA 95448-4207

Vice President: _____

Address: _____

Secretary: David Henry Cordtz

Address: 415 Matheson Street, Healdsburg, CA 95448-4207

Treasurer: David Henry Cordtz

Address: 415 Matheson Street, Healdsburg, CA 95448-4207

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

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.

13. DAVID HENRY CORDTZ, CEO

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