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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

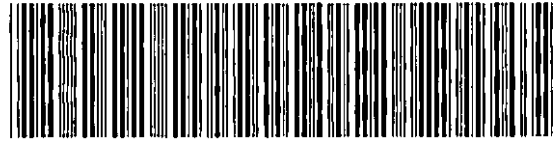
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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O. SIMMONS
AUG 01 2017

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crane Family Vineyards Incorporated
(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:

Thomas J. Chiarella

(Name of Person)

Crane Family Vineyards

(Firm/Company)

P.O. Box 2067

(Address)

Napa, CA 94558-0206

(City/State and Zip code)

For further information concerning this matter, please call:

Thomas J. Chiarella

(Name of Person)

at (707) 259-0175

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|

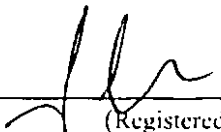
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*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. CRANE FAMILY VINEYARDS INCORPORATED
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. CALIFORNIA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 26, 1999 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1051 BORRETTE LANE, NAPA, CA 94558
(Principal office address)
P.O. BOX 2067, NAPA, CA 94558
(Current mailing address)
8. WINERY
(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 or Mail Drop Box **NOT** acceptable)
Name: Jason A. Wilson
Office Address: 1480 Hammock Ridge Rd, Unit 5
Clermont, Florida 34711
(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.



(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.

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

A. DIRECTORS

Chairman: THOMAS J. CHIARELLA

Address: P.O. BOX 2067

NAPA, CA 94558

Vice Chairman:

Address:

Director: PETER R. CHIARELLA

Address: P.O. BOX 2067

NAPA, CA 94558

Director:

Address:

B. OFFICERS

President: THOMAS J. CHIARELLA

Address: P.O. BOX 2067

NAPA, CA 94558

Vice President: PETER R. CHIARELLA

Address: P.O. BOX 2067

NAPA, CA 94558

Secretary: THOMAS J. CHIARELLA

Address: P.O. BOX 2067, NAPA, CA 94558

Treasurer:

Address:

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

13.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

THOMAS J. CHIARELLA, PRESIDENT

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

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State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CRANE FAMILY VINEYARDS

FILE NUMBER: C2135594
FORMATION DATE: 03/26/1999
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 July 11, 2017.

ALEX PADILLA
Secretary of State