

A1900000375a

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

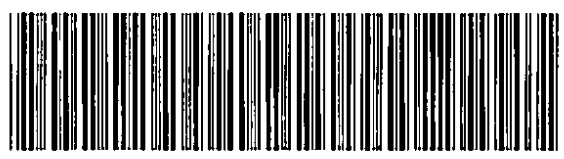
(Document Number)

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Special Instructions to Filing Officer:

W119000064802

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07/05/19 11:11 AM \$11.00
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2019 AUG -9 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SCOTT
AUG 14 2019

✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2019

BOB SHEPARD
PO BOX 399
RUTHERFORD, CA 94573

SUBJECT: AMICI CELLARS, INC.
Ref. Number: W19000064802

We have received your document for AMICI CELLARS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$800.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 719A00014329

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AUG 09 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amici Cellars, 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:

Bob Shepard
Name of Person

Amici Cellars Inc
Firm/Company

PO Box 399
Address

Rutherford CA 94573
City/State and Zip code

kathleen@cwcto.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Williams at (707) 968-5335
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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. Amici Cellars 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, USA

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

3. 91-1833490

(FEI number, if applicable)

4. 05/09/1997

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. April, 2017 (first sales to FL Distributor)

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

7. 3130 Old Lawley Toll Road, Calistoga CA 94515

(Principal office address)

PO Box 399 Rutherford CA 94573

(Current mailing address, if different)

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

Name: SHAWN SMITH

Office Address: 617 WESTWIND DR

MYRTA PALM BEACH

(City)

, Florida 33408

(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.

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

A. DIRECTORS

Chairman: JOHN HARRIS ✓

Address: 1813 Sulphur Springs Ave
St. Helena CA 94574

Vice Chairman: ROBERT SHEPARD ✓

Address: 475 Eleanor Dr
Woodside CA 94062

Director: _____

Address: _____

Director: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: JOHN HARRIS ✓

Address: 1813 Sulphur Springs Rd
St. Helena, CA 94574

Vice President: ROBERT SHEPARD ✓

Address: 475 Eleanor Dr
Woodside CA 94062

Secretary: ROBERT SHEPARD ✓

Address: 475 Eleanor Dr. Woodside CA 94062

Treasurer: ROBERT SHEPARD ✓

Address: 475 Eleanor Dr Woodside CA 94062

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

12. [Signature]

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. ROBERT SHEPARD, PRESIDENT

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

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

AMICI CELLARS, INC.

FILE NUMBER: C2010431
FORMATION DATE: 05/09/1997
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 June 17, 2019.

ALEX PADILLA
Secretary of State