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JANUARY 11, 2022

T. LEMIEUX  
DEC 29 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wolffer Estate Vineyards, 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:

Eva Goodwin

Name of Person

Compliance Service of America

Firm/Company

54476 Mariah Rd.

Address

Myrtle Point, OR 97458

City/State and Zip code

wolffer@csa-compliance.com

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

For further information concerning this matter, please call:

Eva Goodwin

Name of Person

at ( 800 ) 400-1353

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. Wolffer Estate Vineyard, 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. New York

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

3. 13-3458910

(FEI number, if applicable)

4. 03/11/1988

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. 07/01/2021

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

7. 139 Sagg Road, Sagaponack, NY 11962

(Principal office street address)

P.O. Box 9002 / 139 Sagg Rd., Sagaponack, NY 11962-9002

(Current mailing address, if different)

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

Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr., Suite A

Tallahassee, Florida 32301

(City)

(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.*

X



(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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## A. DIRECTORS

☐ Chairman Name: Max Rohn  
☐ Vice Chairman Address: 8 Sunset Beach Rd.  
☐ Director Sag Harbor, NY 11963  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☒ Secretary ☒ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Ronan Roth  
☐ Vice Chairman Address: 96 Hempstead St.  
☐ Director Sag Harbor, NY 11963  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Marc Wolffer  
☐ Vice Chairman Address: Schwarzstr. 3  
☒ Director Salzburg, Austria  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Joanna Claire Wolffer  
☐ Vice Chairman Address: 8 Sunset Beach Rd.  
☒ Director Sag Harbor, NY 11963  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.



12. \_\_\_\_\_  
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. Max Rohn, Vice President  
(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: WOLFFER ESTATE VINEYARD, INC.  
DOS ID Number: 1243104  
Entity Type: DOMESTIC BUSINESS CORPORATION  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 03/11/1988  
  
Statement Status: FARM EXEMPT

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on November 26, 2021 at 12:23 P.M.

ROSSANA ROSADO, Secretary of State

By Brendan C. Hughes  
Executive Deputy Secretary of State



# CSA

COMPLIANCE SERVICE of AMERICA  
REGULATORY NAVIGATION ACROSS THE NATION

# EXPRESS FORM

54476 MARIAH ROAD • MYRTLE POINT • OR 97458  
TEL 800-400-1353 • FAX 541-396-6888

**ATTENTION:**

FL Division of Corporations  
Registration Section  
2415 N Monroe St, Ste. 810  
Tallahassee, FL 32303  
**Via Federal Express 850-245-6051**

**REGARDING:**

Wolffer Estate Vineayrds, Inc.  
Foreign Corporation Registration

**ON BEHALF OF:**

Wolffer Estate Vineyard, Inc.  
dba Wolffer Estate  
139 Sagg Road  
Sagaponack, NY 11962-9002

**MESSAGE:**

If you have any questions or need further information or documentation, please call me directly at 800-400-1353.

Thank you for your assistance.

**ENCLOSURES:**

1. Check in the amount of \$70.00 payable to Florida Department of State
2. Cover Letter
3. Application by Foreign Corporation for Authorization to Transact Business in Florida
4. Home State (NY) Certificate of Status
5. Letter authorizing CSA to act as compliance agent

**ACTION REQUESTED:**

Please approve this application and mail the letter of acknowledgment to the mailing address on the form.

SIGNED: \_\_\_\_\_

Eva Goodwin, Compliance Agent

DATE: \_\_\_\_\_

12/17/21



April 22, 2016

To Whom it May Concern,

The personnel of Compliance Service of America is authorized to sign all documents required to manage alcoholic beverage licensing and any other regulatory compliance related documents for Wölffer Estate Vineyard, Inc.

This appointment of Compliance Service of America is for the purpose of applying for new licenses, renewing and updating any licenses, registering brands and products, posting prices, appointing distributors and territories, establishing on line accounts, filing of all required reports and any other requirements necessary for the registration and sale of our brands in a state. This appointment is effective immediately and supersedes any prior appointment. A copy of this letter shall be adequate for the appointment.

Should you have any questions, please contact me directly at 631-537-5106.

Regards,

Max Rohn  
Executive Vice President