F22000004388

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
	☐ WAIT	MAIL		
	☐ WA!!	L 14//3/2		
(Bu	siness Entity Nan	ne)		
(Da	ocument Number)			
,	ĺ			
Cadified Conton	Cartificates	of Status		
Certified Copies	_ Cenincates	or Status		
Special Instructions to	Filing Officer:			

Office Use Only



500394199605

10/05/22--01024--002 **87.50

2672 i . . -5 F i to 24

S. FRANKLIN

OCT 15 2022

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BENCHMARK WINE GROUP, INC.		
	on - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	anding" and check are submitted to register the	
Please return all correspondence concerning this matter	er to the following:	
Lisa Andrews		
Name o	of Person	
Benchmark Wine Group, Inc.		
Firm/Co	ompany	
445 Devlin Road		
Add	dress	
Napa, CA 94558		
City/State	and Zip code	
landrews@benchmarkwine.com	្នែ	
E-mail address: (to be used	d for future annual report notification)	
For further information concerning this matter, please call:		
Lisa Andrews at (707	255-3500	
Name of Person Area Co	ode 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 \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	ST OF STATE ☐ \$78.75 Filing Fee & ■ \$87.50 Filing Fee, Certified Copy 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.

		dopted for the purpose of transacting business in Flor	ida)	
California	3.	75-2992277 (FEI number, if applicable)		
	y under the law of which it is incorporated)	(FEI number, if applicable)		
02/01/2002	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
10/03/2022				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150			
01 S Howard A	ve #106, Tampa, FL 33606			
		e <u>street</u> address)		
	(Current mailing	g address, if different)		
	(Current mailing	g address, if different)		
Name and stre				
	et address of Florida registered agent: (P.O	. Box NOT acceptable)		
Name and <u>stre</u>	et address of Florida registered agent: (P.O Registered Agents Inc.	. Box NOT acceptable)	2,32	
	et address of Florida registered agent: (P.O	. Box NOT acceptable)	2, 22, 23, 24, 24, 24, 24, 24, 24, 24, 24, 24, 24	
Name:	et address of Florida registered agent: (P.O Registered Agents Inc. 7901 4th St N STE 300	Box <u>NOT</u> acceptable)	a 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name:	et address of Florida registered agent: (P.O Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg	Box NOT acceptable) Florida 33702		
Name:	et address of Florida registered agent: (P.O Registered Agents Inc. 7901 4th St N STE 300	Box <u>NOT</u> acceptable)	ان س:	
Name: ice Address:	et address of Florida registered agent: (P.O Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City)	Box NOT acceptable) , Florida 33702(Zip code)	- 15 m: 15 3	
Name: ice Address: Registered agving been nan	et address of Florida registered agent: (P.O. Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City) ent's acceptance: ied as registered agent and to accept service.	Box NOT acceptable) , Florida 33702, Cip code) e of process for the above stated corporation at	The Transfer	
Name: ice Address: Registered ageing been nanignated in this	et address of Florida registered agent: (P.O. Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City) ent's acceptance: and as registered agent and to accept service application, I hereby accept the appointm	Box NOT acceptable) , Florida 33702, Florida (Zip code) re of process for the above stated corporation at ent as registered agent and agree to act in this contact.	The the capa	
Name: ice Address: Registered ag ving been nan ignated in this ther agree to c	et address of Florida registered agent: (P.O. Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City) ent's acceptance: the agent and to accept service application, I hereby accept the appointmental omply with the provisions of all statutes re	Box NOT acceptable) , Florida 33702 (Zip code) re of process for the above stated corporation at ent as registered agent and agree to act in this clative to the proper and complete performance of	The the capa	
Name: ice Address: Registered ag ving been nan ignated in this ther agree to c	et address of Florida registered agent: (P.O. Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City) ent's acceptance: and as registered agent and to accept service application, I hereby accept the appointm	Box NOT acceptable) , Florida 33702 (Zip code) re of process for the above stated corporation at ent as registered agent and agree to act in this clative to the proper and complete performance of	The the capa	
Name: ice Address: Registered ag ving been nan ignated in this ther agree to c	et address of Florida registered agent: (P.O. Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City) ent's acceptance: the agent and to accept service application, I hereby accept the appointmental omply with the provisions of all statutes re	Box NOT acceptable) , Florida 33702 (Zip code) re of process for the above stated corporation at ent as registered agent and agree to act in this clative to the proper and complete performance of	The the capa	

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.

A. DIRECTORS					
□Chairman	Name: David A. Parker	□ Chairman	Name: Kari Formento Name: 1176 East Ave Address: Napa, CA 94559		
□Vice Chairman	Address:	□Vice Chairman			
□Director	Vancouver,WA 98685	□Director			
President		□President			
□Vice President		■ Vice President			
Secretary	□Treasurer	Secretary		■ Treasurer	
□Other	Other	□Other		Other	
□Chairman	Mikaela Haynes	□ Chairman	Name:		
□Vice Chairman	49 Grant Ave	□Vice Chairman	Address:		
□Director	Petaluma, CA 94952	□Director			
□President		□President			
■Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other	Other	□Other		☐Other	
				5072	
☐ Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□ Vice Chairman	Address:		
□Director		□Director		<u>.</u>	
□President		□President		ு. 	
□Vice President		□Vice President			
□Secretary	□Treasurer	□Secretary		□Treasurer	
□Other	Other	□Other		□Other	
	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	nt of State Annual Re	eport form.		
14.	Signature of Director or	Officer	<u>. </u>		
The officer or direct she is aware that falls.817,155, F.S. Kari Former	ctor signing this document (and who is listed in number alse information submitted in a document to the Departm ato	11 above) affirms the nent of State constitu	at the facts stated ites a third degree	herein are true and that he or felony as provided for in	



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: BENCHMARK WINE GROUP, INC.

Entity No.: 2375862 Registration Date: 02/01/2002

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, 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 October 03, 2022.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 049572029

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.