# F-9600000 H946

TO: Qualification/Tax Lien Section Division of Corporations	7000019810277 -10/21/9601092001 ****122.50 ****122.50
SUBJECT: Heron Hill Vineyards, Inc. (Name of corporation - must include suffix)	****122.50 *****122.50
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization Florida", "Certificate of Existence", and check are submitted to regist foreign corporation to transact business in Florida.	to Transact Business in er the above referenced
Please return all correspondence concerning this matter to the following	ng:
Dawn Carmell (Name of Person)	500001344035 -0371795-01013-008
Heron Will Vineyards, Inc. (Firm/Company)	MOM
9249 County Rte. 76 (Address)	
Address   Ammondsport, NY 148   (City/State/Zip)	SECRET FILED SHOPE CORP. FILED
Should you need to call someone concerning this matter, please call:	A A A S CONTERED OF STATE OF
	234 · 4410 or ce a Davime Telephone Number)

#### **COURIER ADDRESS:**

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

#### **MAILING ADDRESS:**

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 13, 1998

DAWN CARMELL HERON HILL VINEYARDS, INC. 9249 COUNTY RT 76 HAMMONDSPORT, NY 14840

SUBJECT: HERON HILL VINEYARDS, INC.

Ref. Number: W96000019319

We have received your document for HERON HILL VINEYARDS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date.

Please type or neatly print the registered agent's name and address.

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 (904) 487-6094.

Doug Dickinson Document Specialist

Letter Number: 396A00042635

## 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. Hiron Hill Uineyawis, Inc.  (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 of present.)
	2. New York 3. 16-1080336 (State or country under the law of which it is incorporated) (PEI number, if applicable)
	4. 2/18/77 5. Perpetual (Date of Incorporation)  [Duration: Year corp. will cease to exist or "perpetual")
	"perpetual")
	6. Upon Qualification (Date fifst transacted business in Florida, (See sections 607,1501, 607,1502, AND 817,155, F.S.)
	7. 9249 Courty Rt. 76
	Hammonds ps.t. NY 14/840  Current mailing address)
÷	8
	9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
me/ Di	ick, s. W. S Name: Well Will-S.W.S.
600 NI Mirmi ,	W 163 St. FL 33/69 Office Address: 1600 NW 163 PX
•	MiqMi , Florida , 33/69
	10. Registered agent's acceptance: (Zip Code)
	Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this application, I nereby accept the appointment a registered agent and agree to act in this capacity. I further agree to comply with the provisions all statutes relative to the proper and complete performance of my fluties, and I am familiar with and accept the obligations of my position as registered agent.
	MINUM
	(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.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Chairman: Address: . Vice Chairman: \_ Address: , Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: Vice President: Address: Secretary: Address: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. hairman, or any officer listed in number 12 of the application)

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

## State of New York Department of State

I hereby certify, that the certificate of incorporation of HERON HILL VINEYARDS, INC. was filed on 02/18/1977, with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal of the Department of State at the City of Albany, this 23rd day of July one thousand nine hundred and

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SECRETARY OF STATE
DIVISION OF CORPORATION