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LAW OFFICE OF COKE ROTH

ATTORNEY AT LAW

LICENSED TO PRACTICE IN WASHINGTON AND OREGON

8836 GAGE BOULEVARD, SUITE 204-A KENNEWICK, WASHINGTON 99336 PHONE 509.783.0220 FAX 509.783.0411

June 11, 2003

Registration Section Division of Corporations 408 E. Gaines St. Tallahassee, FL 32399

RE: Registration of Foreign LLC

Greetings:

Enclosed for filing are the following documents:

- 1. Duplicate originals of the Application by Foreign Limited Liability Company Authorization to Transact Business in Florida for Bon Vin, LLC
- 2. Duplicate originals of the Certificate of Designation of Registered Agent/Registered Office
- 3. Certificate of Existence/Authorization of Bon Vin, LLC issued by the Washington Secretary of State on June 2, 2003
- 4. Check made payable to the Florida Department of State in the sum of \$125.00 feether filing fee.

Please counter-service this Foreign Limited Liability Company upon your receipt and return a conformed copy to this office in the envelope provided for your convenience. Thank you for your assistance and professional courtesy. If you have any questions, please call.

Very truly yours, Becky Smolak

Becky Smolak

becky@cokerothlaw.com Assistant to Coke Roth coke@cokerothlaw.com

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

BON VIN, I	.LC	A) EA ;	47 7,		
•		(Name of foreign	ı limit	ted liability company)	
WASHINGTON			3	91-1891444	
Jurisdiction under the comp	law of which foreig any is organized)	n limited liability		(FEI number, if applicable)	
March 3, 1			5	Perpetual (Duration: Year limited liability company wi	
(Date of	Organization)			(Duration: Year limited liability company wi exist or "perpetual")	ll cease to
June 6, 20					
(Date f	rst transacted busin	ness in Florida. (S	ee sec	tions 608.501, 608.502, and 817.155, F.S.)	
2508 Debor	ah Drive,	Punta Gor	da,	FL 33950	
	•				
		(Street addres	ss of p	orincipal office)	0, 7,0
If limited liability	company is a m	anager-manage	d cor	mpany, check here X	D3 JUN 16 PH 8: 08
The name and usu	al business addr	esses of the ma	nagir	ng members or managers are as follow	/s: - 50 FG
Robert E. C	Conley, Mar	ager			PH
2508 Debora	h Drive		-		3: 08
Punta Gorda	, FL 33950)			
40.3.12	20				
				s old, duly authenticated by the official having only is not acceptable. If the certificate is in a forei	
translation of the certif					Pr. mar Prom Prod. ct.
Nature of husines	e or niimosea t o	the sonducted.	or ne	omoted in Florida: acquire, own	and man
		\			and man
personal ar	d real pro	perty inv	est.	ments	
•	\mathcal{I}	OFF.			
	-	<i>^Q∆</i>			
	Signature of a	member or an a	utho	rized representative of a member.	

Robert E. Conley, Manager

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	the Limited Liability Company is:	
Bon Vin,	LLC	
2. The name an	d the Florida street address of the registered agent and office are:	
	and a second control of the together applied and office ato.	
	Robert E. Conley	
	(Name)	03 1
	2508 Deborah Drive	JUN 1
	Florida street address (P.O. Box NOT ACCEPTABLE)	5 P
	Punta Gorda FL 33950	PH 3: 08
	(City/State/Zip)	80

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



Secretary of State

I, Sam Reed, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

BON VIN, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named limited liability company was formed under the laws of the State of Washington and was issued a Certificate of Formation in Washington on March 3, 1998.

I FURTHER CERTIFY that as of the date of this certificate, no cancellation has been filed, and that the limited liability company is duly authorized to transact business in the limited liability company form in the State of Washington.

Date: June 2, 2003

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital.

Sam Reed, Secretary of State

