M04000003735

(Requestor's Name) (Address)	800040629668		
(City/State/Zip/Phone #)	MJH.		
(Business Entity Name)	09/08/0401036013 **125.00		
(Document Number) Certified Copies Certificates of Status			
Special Instructions to Filing Officer: HORLC	FILED 04 SEP-8 MHID NALLANASSEE FLO		

Office Use Only

Saintpaulia Intners

August 3, 2004

Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Saintpaulia Vintners LLC

Dear Sir or Madam:

Enclosed are the following documents filed on behalf of this company:

- 1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- 2. Certificate of Designation of Registered Agent
- 3. Certificate of Existence
- 4. \$125 check

Please authorize this company's qualification to do business in Florida so that they may sell to wholesalers in your state.

If you have any questions, please call me at (707) 537-6700.

Sincerely

Elise Baril

Compliance Agent

EB/cb

Encl.

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Saintpaulia Vintners, LLC		
(Name of Limited Liabi	lity Company)	
The enclosed "Application by Foreign Limited Liability Cor Florida," Certificate of Existence, and check are submitted to liability company to transact business in Florida		
Please return all correspondence concerning this matter to the	ne following:	
Paul Shinoda		
(Name of Per	son)	
Saintpaulia Vintners LLC	and the state of t	
(Firm/Compa	any)	
18302 83rd Avenue S.E.	TAL.	
(Address)	SE -	
Snohomish, WA 98296	in Code)	
(City/State and Zip Code) For further information concerning this matter, please call:		
For further information concerning this matter, please call:		
Elise Baril at (707 537–6700	
(Name of Person) (Are	ea Code & Daytime Telephone Number)	
Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
△ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155 Certificate of Status	5.00 Filing Fee & \$\square\$ \$\\$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy	

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: Saintpaulia Vintners LLC (Name of Foreign Limited Liability Company) 91-1699211 Washington (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) company is organized) 2/10/2004 Perpetual (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) Upon Approva1 (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 18302 83rd Avenue S.E. Snohomish, WA 98296 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Paul Shinoda, 18302 83rd Avenue S.E., Snohomish, WA 98296 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: The sale of wine to wholesalers in Florida. Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes

an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Paul Shinoda

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.

I.	The name of	he Limited Liability Compat	ty is:	
	· in	Saintpaulia Vintners	LLC	
2.	The name and	I the Florida street address of	the registered agent and office are:	
		Herbert Moselle		
(Name)		(Name)		
		10120 SW 5th Stre	et	
	•	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
		Plantation	FL 33324	
	,		City/State/Zip	

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, Florida Statutes.

\$ 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

SAINTPAULIA VINTNERS, 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 WA and was issued a Certificate Of Formation in Washington on 2/10/2004.

I FURTHER CERTIFY that as of the date of this certificate, SAINTPAULIA VINTNERS, LLC remains active and has complied with the filing requirements of this office.

Date: August 24, 2004

UBI: 602-365-117

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

Sam Reed, Secretary of State