

M04000003735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

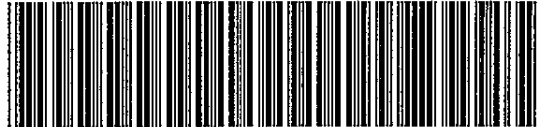
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

9/8 FOR LC

Office Use Only



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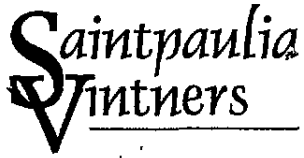
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09/08/04--01036--013 **125.00

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TALLAHASSEE FLORIDA

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FILED



August 7, 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,

A handwritten signature in cursive script, appearing to read "Elise Baril".

Elise Baril
Compliance Agent

EB/cb

Encl.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Saintpaulia Vintners, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Paul Shinoda
(Name of Person)

Saintpaulia Vintners LLC
(Firm/Company)

18302 83rd Avenue S.E.
(Address)

Snohomish, WA 98296
(City/State and Zip Code)

For further information concerning this matter, please call:

Elise Baril at (707) 537-6700
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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

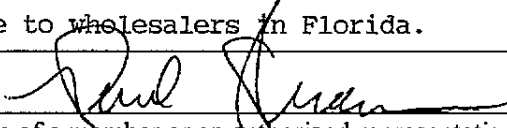
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Saintpaulia Vintners LLC
(Name of Foreign Limited Liability Company)
2. Washington
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 91-1699211
(FEI number, if applicable)
4. 2/10/2004
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Approval
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.)
Paul Shinoda
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:

in Saintpaulia Vintners LLC

2. The name and the Florida street address of the registered agent and office are:

Herbert Moselle

(Name)

10120 SW 5th Street

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.


(Signature)

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

UNITED STATES OF AMERICA

The State of  Washington

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.

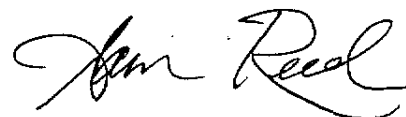
I FURTHER CERTIFY that as of the date of this certificate, SAINTPAULIA VINTNERS, LLC remains active and has complied with the filing requirements of this office.

Date: August 24, 2004

UBI: 602-365-117



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

A handwritten signature in cursive script that reads "Sam Reed".

Sam Reed, Secretary of State