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(Re	questor's Name)	
(Ad	dress)	, <u></u> , ,
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(Cit	ty/State/Zip/Phone	e #)
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(Do	cument Number)	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FOLEY ESTATES VINEYARD		
(Name	of Limited Liability Company)	
	tited Liability Company for Authorization to Transact Business in the kare submitted to register the above referenced foreign limited forida	
Please return all correspondence concernin	g this matter to the following:	
Nancy He	effner	
	(Name of Person)	
COMPLI, LLC		
	(Firm/Company)	
530 10th STREET	TAG OF	
	(Address)	
PASO ROBLES, C	A 93446	
	(City/State and Zip Code)	
For further information concerning this ma	atter, please call:	
Nancy Heffner	at (805) 239-4502	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
409 E. Gaines Street	P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	
Enclosed is a check for the following amou	unt:	
□ \$125.00 Filing Fee □ \$130.00 Filing Cer	ng Fee & Z \$155.00 Filing Fee & S 160.00 Filing Fee, Certificate tificate of Status 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:

. FOLEY ESTATES V	INEYARD AND WINER' (Name of Forei		pility Compan	<u>·</u>			
CALIFORNIA	(Name of Foreign	_					
CALIFORNIA (Jurisdiction under the company is organized)	law of which foreign limit	ed liability	77-0453888	(FEI number,	if applicable)	
March 27, 1997		5.,	perpetual				
(Date of	(Organization)		(Duration:) exist or "per	ear limited lial (petual")	bility compan	y will ceas	e to
5	(Date first transacted by (See sections 608.501 &	isiness in Florid 608.502 F.S. to	ia, if prior to determine pe	registration.) nalty liability)			
1711 ALAMO PIN	ITADO ROAD, SOLVAN	G, CA 93463	· <u>-</u>	<u> </u>		50 S	<u> </u>
	(Štr	eet Address of	Principal Offi	ce)	*	AT L	E Territoria
3. If limited liability	company is a manager	-managed co	ompany, cho	eck here 🔽		SEE	- () - ()
. The name and usu	al business addresses	of the manag	ing member	rs or manage	rs are as fo		- 5
WILLIAM FOLEY I	I, 1711 ALAMO PINTAE	O ROAD, SO	LVANG, CA	93463	3.	DE M	2
· · · · · · · · · · · · · · · · · · ·		<u></u>	3 St	<u>. </u>		·	
		- Andrews of the second	10°	<u> </u>	·		<u></u>
he jurisdiction under the l	certificate of existence, no naw of which it is organized. e under oath of the translator	(A photocopy i	s not acceptabl				
1. Nature of busine	ss or purposes to be co	nducted or p	romoted in	Florida:			
Sell wine to state li	icensed wholesalers	ballon y AP, d	(** - * * * * * * * * * * * * * * * * *				م
		2	7 11				
	Signature of a memb (In accordance with section an affirmation under the pe	608.408(3), F.S.	, the execution	of this document	constitutes		
	NANCY HEFFNE		<u> </u>				
	Турес	l or printed n	ame of sign	iee			

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.

. The n	ame and the Florida street add	ress of the registered agent and offic	e are:
	NRAI		
		(Name)	TAREC SS JI
	526 E. PARK AVENUE		超上二
	Florida Stree	Address (P.O. Box NOT ACCEPTABLE)	SSEE.
·	TALAHASSEE,	FI 32301 City/State/Zip	1:52 FLORIBA
iability d gent an elating i	company at the place designated d agree to act in this capacity. I to the proper and complete perfe	and to accept service of process for the diministry of the diministry of the limits certificate, I hereby accept the limither agree to comply with the proformance of my duties, and I am familiagent as provided for in Chapter 608,	e appointment as registered visions of all statutes iar with and accept the

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

State of California Secretary of State

CERTIFICATE OF GOOD STANDING CALIFORNIA LIMITED LIABILITY COMPANY

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the 25th day of March, 1997, FOLEY ESTATES VINEYARD AND WINERY, LLC, became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition of this limited liability company.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 13, 2005.



BRUCE McPHERSON Secretary of State