# M06000006047

(Re	equestor's Name)					
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PICK-UP	WAIT	MAIL				
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Certified Copies	Certificates	of Status				
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Special Instructions to	Filing Officer:					
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Office Use Only



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10/31/06--01069--018 \*\*125.00



#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SoloRosa, LLC (Name of Li	mited Liability Company)
The enclosed "Application by Foreign Limited L Florida," Certificate of Existence, and check are liability company to transact business in Florida.	iability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited .
Please return all correspondence concerning this	matter to the following:
	1 Moore
(r	Name of Person)
So1oR	osa, LLC
(I	Firm/Company)
	31
P.O.	Box 561
	Osa, LLC  Pirm/Company)  Box 561  (Address)  Order Control File Control Start (Address)
Grato	n, CA 95444
	State and Zip Code)
For further information concerning this matter, p	lease call:
Elise Baril	at ( 707 ) 578-7807
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\square\$ \$125.00 \text{ Filing Fee}  \text{\$130.00 \text{ Filing Fee} } \text{Certificate}	

## 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:

	(Name of Foreign Lin	nited Lia	bility Company)	
CA		3.	73–1643744	
Jurisdiction under the ompany is organized)	law of which foreign limited liab	ility	( FEI number, if applicable)	)
10/19/2001		5.	Perpetual	
(Date o	f Organization)		(Duration: Year limited liability company exist or "perpetual")	y will cease to
Upon Approva		.: 171a		
	(Date first transacted business (See sections 608.501 & 608.50	2 F.S. to	da, if prior to registration.)  determine penalty liability)	
930 N. Crane	Ave.			
	0.000			
St. Helena, (	CA 94574 (Street Ac	dress of	Principal Office)	700
	.*			30 g
If limited liability	company is a manager-man	aged c	ompany, check here	્રે સ્કુ સ્કુ
The name and usu	ual business addresses of the	manag	ing members or managers are as fol	lows:
		_		<b>1</b>
	idada t d	<b>a</b> 1	T (A) 05/70	- 75 S
Daniel B. Moo	ore, 7809 Joyce Drive,	Sebasi	copol, CA' 95472	12: 5 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5
Daniel B. Moo	ore, 7809 Joyce Drive,.	Sebasi St. He	elena, CA 94574	2:58
Daniel B. Moo	ore, 7809 Joyce Drive,	Sebasi St. He	elena, CA 94574	12: 58
Daniel B. Mod	ore, 7809 Joyce Drive,,	Sebasi St. He	Principal Office)  company, check here   cing members or managers are as fole  copol, CA' 95472  clena, CA 94574	12:58
Attached is an original jurisdiction under the l	l certificate of existence, no more th law of which it is organized. (A pho	an 90 day otocopy i	ys old, duly authenticated by the official havir s not acceptable. If the certificate is in a foreign	ng custody of reco
Attached is an original jurisdiction under the l	l certificate of existence, no more th	an 90 day otocopy i	ys old, duly authenticated by the official havir s not acceptable. If the certificate is in a foreig	ng custody of reco
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## 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	f the Limited Liability Company is:	
SoloRo	sa, LLC	
2. The name ar	nd the Florida street address of the registered agent and office are:	DIVISION OF 3
	Jimmy Mancbach	<b>3</b> ⊊ € €
	(Name)	PHI2: 58
	1600 NW 163rd Street	2:5
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	<b>6</b> 0
	Miami, FL 33169	
	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.

X (Signature)

\$ 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 9th day of October, 2001, SOLOROSA 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 75 of July 29, 2006.

**BRUCE McPHERSON** Secretary of State

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