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#### **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: CUILDRESS M. (Nam	INERY, UC
(Nam	e of Limited Liability Company)
	mited Liability Company for Authorization to Transact Business in eck are submitted to register the above referenced foreign limited florida.
Please return all correspondence concerni	ng this matter to the following:
MARK P	(Name of Person)
	(Name of Person)
LH.	(Firm/Company)
	(Firm/Company)
	BOX BUT (Address)
	(Address)
LEXING	TON NC 27243-0847 (City/State and Zip Code)
	(City/State and Zip Code)
For further information concerning this m	atter, please call:
TIM SOMERS	at (336) 425 - 5005 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount   \$125.00 Filing Fee   \$130.00 Filing Fee   Ce	

### 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 Limited Liability Company) DAVIDSON CO. NOLTH CAROLINA 3. 81-0570 8 66
(Jurisdiction under the law of which foreign limited liability company is organized)

(FEI number, if applicable) 5. PURITUAL

(Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 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: RICHARN OUNDRESS XING-TON NC 27293-0847 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.) WINE SALES 11. Nature of business or purposes to be conducted or promoted 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.)

LICUARD CUILDRESS

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 nan	me of the Limited Liability Company is:	
	CHILDRESS WINERY, LLC	
2. The nan	me and the Florida street address of the registered agent and office are:	
	LICUANO CHILDRESS	
	(Name)	
·	2595 SPLUCY CFORK BLVD Florida Street Address (P.O. Box NOT ACCEPTABLE)	
·	DAYTONA BLACK FL 32124 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)



# NORTH CAROLINA Department of The Secretary of State

## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### **CHILDRESS WINERY, LLC**

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 10th day of September, 2002, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 9th day of January, 2007.

Elaine I. Marshall

**Secretary of State**