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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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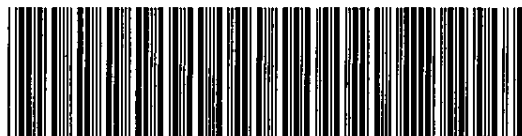
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RiverAerie Cellars, 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:

Susan Elizabeth Bunnell (member)  
(Name of Person)

RiverAerie Cellars, LLC  
(Firm/Company)

87203 W 134 PR NW  
(Address)

Prosser, WA 99350  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Susan Bunnell at ( 509 ) 832-0166 (cell) 973-4187 (msg/fax)  
(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:

- \$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

**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. RiverAerie Cellars, LLC  
(Name of Foreign Limited Liability Company)

2. State of WASHINGTON 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 03/31/2003 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. AWAITING APPROVAL "ASAP" - anticipating June 1<sup>st</sup>, 2007  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 87203 W 134 PR NW  
PROSSER, WA 99350  
(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:

|                                   |   |  |
|-----------------------------------|---|--|
| <u>member - SUSAN E. BUNNELL</u>  | } | <u>87207 W 134 PR NW</u>                             |
| <u>member - RONALD C. BUNNELL</u> |   | <u>PROSSER, WA 99350</u>                             |
| <u>member - PAULA A. MAULDIN</u>  |   | <u>87203 W 134 PR NW</u><br><u>PROSSER, WA 99350</u> |

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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: \_\_\_\_\_

Sale of wine and/or winery related products.

Susan Elizabeth Bunnell  
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.)

SUSAN ELIZABETH BUNNELL  
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:

RiverAerie Cellars, LLC

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

PATRICIA BARRETT  
(Name)

1212 N. 39th St. Suite 408  
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tampa FL 33605  
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.*

Patricia Barrett  
(Signature)

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- \$ 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

**RIVERAERIE CELLARS, L.L.C.**

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 3/31/2003.

I **FURTHER CERTIFY** that as of the date of this certificate, **RIVERAERIE CELLARS, L.L.C.** remains active and has complied with the filing requirements of this office.

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Date: March 22, 2007

UBI: 602-283-783



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

Sam Reed, Secretary of State