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(Requestor's Name) ►	
(Address)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	—
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M. THOMAS

SEP - 2 2008

EXAMINER

COVER LETTER

TO: Registration Division of	on Section of Corporat	ions		
SUBJECT: F	ALA	Rouse	LLC of Limited Liability Company)	
•		(Name	of Limited Liability Company)	
	ate of Exist	ence, and che	nited Liability Company for Authorization to Transk are submitted to register the above referenced orida	
Please return all c	corresponde	ence concernir	g this matter to the following:	98
	MARK	GRASSI		影響
_	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Name of Person)	\$55 J
				PA PA
	GRASSI	WINE C	(Firm/Company)	
			(Firm/Company)	Ž.
	1213	Coomess	ST: (Address)	<u>. </u>
			(Address)	
	NAPA	CA. "	14559 (City/State and Zip Code)	
			(City/State and Zip Code)	
For further inform	nation conc	erning this ma	itter, please call:	
Mna	c Gas	51	at (707) 477 - 6240 (Area Code & Daytime Telephone I	
	(Nam	e of Person)	(Area Code & Daytime Telephone l	Number)
MAILIN	G ADDRE	SS:	STREET ADDRESS:	
	of Corporat	ions	Division of Corporations	
P.O. Box		1.4	Clifton Building 2661 Executive Center Circle	
rananasse	ee, FL 323	14	Tallahassee, FL 32301	
Enclosed is a che		■\$130.00 Fili:	ng Fee & - 🔲 \$155.00 Filing Fee & - 🔲 \$160.00 Filing	g Fee, Certificate atus & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 10, 2008

MARK GRASSI 1213 COOMBS ST. NAPA, CA 94559

SUBJECT: RAJA ROLLIE LLC Ref. Number: W08000028228

We have received your document for RAJA ROLLIE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal's office address.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Letter Number: 808A00035687

Marsha Thomas Regulatory Specialist II OR NUG 29 PA ID: 29

Division of Comparations DO BOY 6207 Tallahassas Florida 20214

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

1. RAJA ROULE LLC . (Name of Foreign Limited Liability Company;	; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	or the purpose of transacting business in Florida and attach a copy of the written ting the alternate name. The alternate name must include "Limited Liability
2. CALIFORNIA (Jurisdiction under the law of which foreign limited company is organized)	d liability 3. 20 - 4915199 (FEI number, if applicable)
4. Manuel Zo Zoole (Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Oate first transacted busing (See sections 608.501 & 60	
7. 1213 COOMBS St. MAPA	
8. If limited liability company is a manager-	eet Address of Principal Office) -managed company, check here
	of the managing members or managers are as follows: 213 Coomes St. Napa Car 94559
the jurisdiction under the law of which it is organized. (A translation of the certificate under eath of the translator materials and the certificate under eath of the translator materials.)	nore than 90 days old, duly authenticated by the official having custody of records in (A photocopy is not acceptable. If the certificate is in a foreign language, a must be submitted.) Inducted or promoted in Florida:
	er or an authorized representative of a member.
an affirmation under the pena	raltics of perjury that the facts stated herein are true.) GOVASS / 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:
PAJA ROULE LLC
If name unavailable, the alternate name to be used in the state of Florida is:
GRASSI WINE CO.
2. The name and the Florida street address of the registered agent and office are:
Gantham Distributing Co. INC. do Marc 16419KY
Florida Street Address (P.O. Box NOT ACCEPTABLE)
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)

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: RAJA ROLLIE LLC

FILE NUMBER: 200608410028 **FORMATION DATE:** 03/20/2006

TYPE: DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION: CALIFORNIA

STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 20, 2008.

DEBRA BOWEN Secretary of State