

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
_
A. LUNT
NOV 1 3 2008

EXAMINER

Office Use Only.



600137647946

11/12/08--01054--006 **160.00

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: <u>Spavicling Oregon</u> Name of Lim	, LLC dba L StvaA ited Liability Company)	1 to.
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are suliability company to transact business in Florida		
Please return all correspondence concerning this m	natter to the following:	
R. Stvar (Fir 845 NE	me of Person) 4 \$ Co. m/Company) 5th \$f #/00 (Address) 1C, 0R 17/28 ate and Zip Code)	FILED 2008 NOV 12 PM 3: 29 SECRETARY OF STATE TALLAHASSEE. FLORIDA
For further information concerning this matter, plea	ase call:	
Tank Bomberger (Name of Person)	at (<u>503</u>) <u>472-6990</u> (Area Code & Daytime Telephon	ne 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: \$\sum_\$125.00 \text{ Filing Fee} \sum_\$130.00 \text{ Filing Fee & Certificate of}\$		ling Fee, Certificate Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

LIMITEL	PLIANCE WITH SECTION 608:503, FLORIDA STATUTES, THE FULLOWING IS SUBMITTED TO REGI DUABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
1	Sparkling Oregon LLC, dba R. Strant Co. Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L	LC.")	-
consent o	unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a of the managers or managing members adopting the alternate name. The alternate name must include "Liny," "L.L.C.," "LLC.")	copy of the	written ity
	Oregon 3 91-2018778	,	
compa	iny is organized) (FEI number, if applicables)	08 7	
4	(Date of Organization) (FEI number, if applicables) (Duration: Year limited liability company)	cease to	11
6. ·	exist or "perpetual")	ζ T ^ω	m
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	PH 3: 2	O
7	845 NE 5th St #100 McMinnville, OR 97128 (Street Address of Principal Office)	29 TE	
	McMinnville DR 97128		
	(Street Address of Principal Office)	\.	
9. The	name and usual business addresses of the managing members or managers are as follow	_	
_//	obert R. Strat, 845 NE STAST#100, McMinnville,	DR 97	198
		·	•
he jurisdi	hed is an original certificate of existence, no more than 90 days old, duly authenticated by the official having cu ction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign la n of the certificate under oath of the translator must be submitted.)	stody of rec nguage, a	ords in
1. Nat	ture of business or purposes to be conducted or promoted in Florida: Wine dist	hibu	tion
			•
	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.)		
	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.

	Sparkling Oxegon/UC. dba R. Stuars	<u></u> .	
If name una	vailable, the alternate name to be used in the state of Florida is:	•	
,	f. Strast & Co		
2. The nam	s and the Florida street address of the registered agent and office are: Sciented Brands Distributors, C. (Name)	2008 N SECR	
	Selected Brands Distributors, L	E VA	
·	(Name)	100 TO	IT
	5001 NW 13th Ave. Ste L.	PH 3: 29 OF STATE E. FLORID	C
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	REFE	
	Deerfield Beach FL 33064 City/State/Zip	. -	
	City/smis/2.p		

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

Certified Copy (optional) 30.00 5.00 Certificate of Status (optional)

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE Corporation Division

I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

SPARKLING OREGON!, L.L.C.

was

organized

under the Oregon

Limited Liability Company Act

on

October 4, 1999

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Where of, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BILL BRADBURY, Secretary of State

Ву

Dehra L. Virag

November 4, 2008