M09000004348

	Requestor's Name)	
(,	Address)	
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(6	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(1	Business Entity Name)	4
(I	Document Number) '	
Certified.Copies	.Certificates of S	Status
Special Instructions	to Filing Officer:	

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FILED
2009 NOV -3: PH 3: 14
SECRETARY OF STATE
ASSECRETARY OF STATE

C. LEWIS
Nov. 4 2009
EXAMINER

COVER LETTER

TO: Registration Section

SUBJECT:	Test	arossa Vineyards LLC
		Name of Limited Liability Company
		Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida.
Please return all correspon	ndence concerning this	s matter to the following:
		Margaret Pedersen
		Name of Person
	Testarossa	Vineyards LLC, DBA Testarossa Winery
		Firm/Company
		300-A College Ave
		Address
		Los Gatos, CA 95030
		City/State and Zip Code
	E mail address	margaret@testarossa.com ss: (to be used for future annual report notification)
5 6 4 1 6 4		•
For further information co	oncerning this matter, p	olease call:
М	argaret Pederser	at (408) 354-6150 x11
	Name of Person	Area Code & Daytime Telephone Number
MAILING ADE Division of Corp Registration Sect P.O. Box 6327 Tallahassee, FL	orations ion	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check fo	or the following am	
√ \$125.00 Filing		Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate attention of Status & Certified Copy of Status & Certified Copy



October 23, 2009

MARGARET PEDERSEN / TESTAROSSA VINEYARDS LLC 300-A COLLEGE AVE. LOS GATOS, CA 95030

SUBJECT: TESTAROSSA VINEYARDS LLC

Ref. Number: W09000047325

We have received your document for TESTAROSSA VINEYARDS 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):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6047.

Letter Number: 409A00033826

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Division of Cornerations - P.O. BOX 6327 Tallahasson Florida 32314

TESTAROSSA

WINERY

Los Gatos 6 California

October 30, 2009,

State of Florida
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Ref. Number W09000047325

Attached please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida form signed by Diana Jensen, Manager/Member. This had been sent in previously without signature.

Please contact Margaret Pedersen at (408) 354-6150, ext 11 if you have any questions or require additional information. Thank you for your assistance in this matter.

Regards,

Margaret Pedersen

Chief Financial Officer

Margaret Ped

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

	I GOMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FO IMFED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	DREIGN
1.	Testarossa Vineyards, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(lf	N/A f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the	written
Со	onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil company," "L.L.C," "LLC.")	ity
2	California 3. 16-1678921 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
((Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	8/4/03 5 perpetual (Date of Organization) (Duration: Year limited liability company will cease to	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	N/A	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	300-A College Ave., Los Gatos, CA 95030	
	(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:	
	Robert Jensen, Manager/Member	
	Diana Jensen, Manager/Member	
	Both at 300-A College Ave., Los Gatos, CA 95030	
he.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reconstruction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.)	ords in
1.	. Nature of business or purposes to be conducted or promoted in Florida:	
	Wine sales	
	x Diana /	
	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.)	77
	an attirmation under the penalties of perjury that the facts stated herein are true.)	
	Diana Jensen, Manager/Member Typed or printed name of signee	FILED

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:		
Testarossa Vineyards LLC		
If unavailable, the alternate to be used in the state of Florida is:		
N/A		
2. The name and the Florida street address of the registered agent and office are:	د	
AMN DISTRIBUTORS (Name)	FIL 2009 NOV -	
2661 WeSt 81st Street Florida Street Address (P.O. Box NOT ACCEPTABLE)	3 PH S: IL	いフ
Hialeah FL 33016 City/State/Zip	ADA T	

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.

Dianox Josephine)

\$ 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: TESTAROSSA VINEYARDS, LLC

FILE NUMBER:

200321910047

FORMATION DATE:

08/04/2003

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 September 24, 2009.

DEBRA BOWENSecretary of State