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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Capataz (Name of Lin	USA LLC nited Liability Company)
	ability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited
Please return all correspondence concerning this r	matter to the following:
<u>Eva Bedolla</u>	ame of Person)
(N	ame of Person)
Wine Compliance (Fi	irm/Company)
145 Legacy	(Address)
Mapa CA	94559 tate and Zip Code)
For further information concerning this matter, ple	•
Eva Bedolla (Name of Person)	at (707) 252 - 4725 (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: \$\square\$125.00 Filing Fee \$\square\$Certificate of	

### 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 FORE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1 ( 000+00 1)50 110
1. Capata 2 USA LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writ consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
Company," "L.L.C.," "LLC.")
2 DE 3 26-1788933
2. VE (Jurisdiction under the law of which foreign limited liability company is organized)  3. 26-17-88933 (FEI number, if applicable)
4. 116 2008 5. Derpetual  (Date of Organization) 5. Derpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
6. ZS
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 4240 Silverado Trail
7. 1240 Silverado Trail Napa CA 94558 (Street Address of Principal Office)
(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:
Aria Mehrabi 20533 Biscayne Blud # 372
Miami, FL 33180
,
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records
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:
Selling Wine to Florida distributor.
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.)  Gra Bedolle
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:  Capata, USA, UC	
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	DIVIS
Tom White (Name)	CRETARY ION OF C
Florida Street Address (P.O. Box NOT ACCEPTABLE)	THE CONTRACT OF THE CONTRACT O
Deerfield Beach FL 33442 City/State/Zip	Z TONS

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)

## RESOLUTION OF BOARD OF DIRECTORS OF Capataz USA, LLC A Delaware Limited Liability Corporation

The Undersigned, representing all or the majority of the directors of Capataz, USA, LLC a Delaware Limited Liability Corporation, having met and discussed the business herein set forth have unanimously:

RESOLVED that the Managing Member is authorized to appoint Eva Bedolla, 145 Legacy Court, Napa, California to serve as Attorney-in-fact as executed on the Department of the Treasury, Alcohol, Tobacco Tax and Trade Bureau (TTB), Power of Attorney Form TTB F5000.8. as well as authorization to represent Capataz USA, LLC in all states for licensing, renewal documents, label registration, price posting, brand registration contacts, distributor assignments, tax issues and monthly shipping reports into all states within the U.S.

DATED in Napa, California, this 2th day of March, 2011.

Aria Mehrabi, Managing Member

### Delaware

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#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CAPATAZ USA, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE TENTH DAY OF MARCH, A.D. 2011.

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110252489

AUTHENTY CATION: 8614958

DATE: 03-10-11

You may verify this certificate online at corp.delaware.gov/authver.shtml