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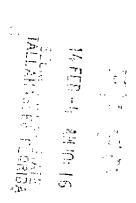
(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
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> TEL 813-273-5000 FAX 813-273-5145

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MIAMI

NAPLES ORLANDO

Tallahassee Tampa

813-273-5158

VICKI.THOMAS@GRAY-ROBINSON.COM

February 3, 2014

VIA FEDERAL EXPRESS STANDARD OVERNIGHT

Florida Division of Corporations Attn: Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Application by Foreign Limited Liability Company for Authorization to Transact

Business in Florida

Aril Wine, LLC, 3816 Exchange Avenue, Naples Florida 34104

To Whom It May Concern:

Re:

We represent Aril Wine, LLC at the address listed above. Enclosed for processing is an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. A check for \$130.00 made payable to Florida Department of State for the filing fee and certificate of status fee is enclosed. Please send the letter of acknowledgement and certificate of status to my attention in the enclosed prepaid, self-addressed envelope.

Thank you for your assistance. Please do not hesitate to contact me if you have any questions.

sincerely, William M. Thomas

Vicki M. Thomas Licensing Specialist

Enclosures

cc; John P. Barry

CR2E027 (9/10)

COVER LETTER

TO:

Registration Section Division of Corporations

Aril Wine, 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:

Vicki M. Thomas	
Name of Person	
GrayRobinson, P.A.	
Firm/Company	
401 E. Jackson Street, Suite 2700	<i>(*)</i>
Address	2 90
Tampa, FL 33602	7:2
City/State and Zip Code	10° I
johnbarry@jdcproperties.net	77 : 77 :
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Vicki M. Thomas813 _ 273-5158	(C.)

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section 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 RUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE L. Aril Wine, LLC	TSTATE OF FLORIDA:
(Name of Foreign Limited Liability Company; must include	de "Limited Liability Company," "L.L.C.," or "LLC.")
consent of the managers or managing members adopting the alter Company," "L.I.,C," "LLC.")	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability . 20-5627176 (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
_{4.} 03/19/2008 ₅	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6.	
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)
₇ 3816 Exchange Avenue	A A
Naples, FL 34104	文:
	of Principal Office)
8. If limited liability company is a manager-managed	company, check here
9. The name and usual business addresses of the mana	aging members or managers are as follows:
John P. Barry, Manager, 99B Main St	reet, Westhampton Beach, NY 11978
	40 Long Ranch Road, St. Helena, CA 94574
Totaling D. Blown, Managor a Bolo Morrison,	To Long Nation 7 road, our risiona, our risional
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocop translation of the certificate under oath of the translator must be sub-	
11. Nature of business or purposes to be conducted or	promoted in Florida:
beer and wine distributor	
WOLPY B-	Y
\	therized representative of a member.
	ntion of this document constitutes an affirmation under the ie. I am aware that any false information submitted in a
document to the Department of State constitutes	a third degree felony as provided for in s.817.155, F.S.)
John P. Barry, Manager	

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.

ł	. The name	of the	Limited	Liability	Company	is:
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Aril Wine, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

Richard M. Blau, Esq.

(Name)

GrayRobinson, P.A., 401 E. Jackson St., Suite 2700

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tampa

33602

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: ARIL WINE, LLC

FILE NUMBER:

200807910123

FORMATION DATE:

03/19/2008

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 January 30, 2014.

DEBRA BOWEN Secretary of State