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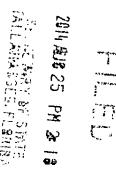
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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August 20, 2014

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

Re: Authorization to Transact Business

To whom it may concern,

Please find attached the required documents to complete the application for Authorization to Transact Business in Florida for our client, Davis Family Estates, LLC.

The attached documents are as follows:

- Check in the amount of \$125.00
- Certificate of Designation
- Certificate of Good Status

Please mail all documents regarding this application to the following address: 410 La Fata Street, Suite 200 St. Helena, CA 94574

Should you need anything further, please do not hesitate to contact me directly at 707-963-9733.

Sincerely.

Elizabeth Nelson

License Representative

333

P: 707-963-9733 ~ F: 707-963-9833

410 La Fata St., Ste. 200 ~ St. Helena, CA 94574

www.divinecompliance.com

COVER LETTER

TO:	Registration Section
	Division of Corporations

DAVIS FAMILY ESTATES, LLC

SUBJECT:

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:

DEBBIE POLVERINO

Name of Person

DIVINE WINE COMPLIANCE

Firm/Company

410 LA FATA ST., SUITE 200

Address

ST. HELENA, CA 94574

City/State and Zip Code

ELIZABETH@DIVINECOMPLIANCE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEBBIE POLVERINO

_707

963-9733

Name of Contact 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. DAVIS FAMILY ESTATES, 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. The alternal Liability Company," "L.L.C," or "LLC.")		imited
2 CALIFORNIA 3. 27-4792092		
(Jurisdiction under the law of which foreign limited liability (FEI number, if ap- company is organized)		_
LUPON APPROVAL	28HU	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	100 pt 10	A Andrews
5055 SOLANO AVENUE		I April and
NAPA, CA 94558		7/7
(Street Address of Principal Office)	第2	
410 LA FATA ST., SUITE 200	.arc	_
ST. HELENA, CA 94574		
(Mailing Address)		
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is/are:	
MICHAEL DAVIS : MANAGING MEMBER		
		_
	 	
		<u> </u>
3. Attached is an original certificate of existence, no more than 90 days old, duly authorized custody of records in the jurisdiction under the law of which it is organized.	A photocopy is not	1
cceptable. If the certificate is in a foreign language, a translation of the certificate un nust be submitted)	der oath of the trai	nslator
Mundlem	·	
Signature of an authorized person In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of per	jury that the facts stated be	rein are t
n aware that any false information submitted in a document to the Department of State constitutes a third degree felony as pro		

MICHAEL DAVIS

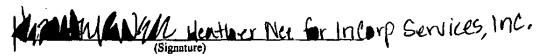
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	Limited Liability Comp	· ·	
If unavailable, the al	ternate to be used in the	e state of Florida is:	2
2. The name and the	Florida street address	of the registered agent and office are:	221
In	Corp Service		25 P
17	'888 67th Co	urt North	
	Florida Street Add	Ireaa (P.O. Box NOT ACCEPTABLE)	·
Lox	ahatchee	33470 FL	Tarana a managan ara makanan managan ara
Lox		33470	Table - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200

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 605, Florida Statutes.



\$ 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: DAVIS ESTATES LLC

FILE NUMBER:

201035810063

FORMATION DATE:

12/17/2010

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 July 11, 2014.

DEBRA BOWEN Secretary of State