

M14000006995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

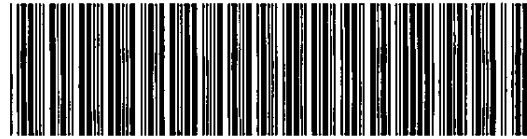
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/08/14--01034--018 **125.00

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14 SEP 29 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6212



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2014

DEBBIE POLVERINO
410 LA FATA ST SUITE 200
ST HELENA, CA 94574

SUBJECT: KRISTINE ASHE VINEYARDS, LLC
Ref. Number: W14000055647

We have received your document for KRISTINE ASHE 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):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 314A00019514



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, KRISTINE ASHE VINEYARDS, 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

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kristine Ashe Vineyards, 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:

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

Name of Contact Person

at **707**

Area Code

963-9733

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
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Kristine Ashe Vineyards, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. California

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-4614581

(FEI number, if applicable)

4. Upon Approval

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5055 Solano Avenue

Napa, Ca 94558

(Street Address of Principal Office)

6. 410 La Fata St., Suite 200

St. Helena, Ca 94574

(Mailing Address)

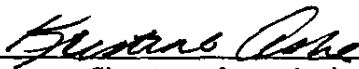
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are

Kristine Ashe: MGRM

2415 Bay Street

San Francisco, Ca 94123

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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)



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 perjury that the facts stated herein are true. 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.)

Kristine Ashe

Typed or printed name of signee

14 SEP 29 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.

1. The name of the Limited Liability Company is:

Kristine Ashe Vineyards, 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:

InCorp Services, Inc.

(Name)

17888 67th Court North

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

Loxahatchee

FL 33470

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 605, Florida Statutes.

[Signature] on behalf of **InCorp Services, Inc.**
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

SECRETARY OF
TALAMASSEE, FLORIDA

14 SEP 29 AM 9:13

FILED

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: KRISTINE ASHE VINEYARDS, LLC

FILE NUMBER: 200812810097
FORMATION DATE: 05/06/2008
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.

FILED
18 SEP 29 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 28, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State