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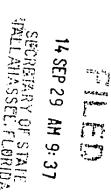
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 15, 2014

DEBBIE POLVERINO 4410 LA FATA ST SUITE 200 ST HELENA, CA 94574

SUBJECT: MALDONADO WINES, LLC

Ref. Number: W14000056150

We have received your document for MALDONADO WINES, 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.

Letter Number: 414A00019662

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org



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, MALDONADO WINES, 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

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

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

www.divinecompliance.com

info@divinecompliance.com

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Maldonado Wines, 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 707 963-9733
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{align*} \begin{align*} \be

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:

POREIGH LIMITED LIABILITY COMPANY TO TRANSACT BOSINESS BY THE STATE OF PLOKIDA:	
1. Maldonado Wines 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," "L.L.C," or "LLC.")	
_{2.} California _{3.} 06-1672425	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
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)	
_{s.} 3070 Old Lawley Road	
Calistoga, Ca 94515	
(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	
Hugo Maldonado - MCRM	12580
1460 Grayson Avenue	(man
St. Helena, Ca 94574	1 t
St. Heleria, Ca 94574	S. Carrers
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 translate 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 an aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in c.817.153, F.S.)	true.]
Hugo Maldonado	
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.

1. The name of the Limited Liability Com Maldonado Wines LLC	• •	
If unavailable, the alternate to be used in th	he state of Florida is:	_
2. The name and the Florida street address	s of the registered agent and office are:	
InCorp Service	es, Inc.	
	(Name)	
17888 67th Co	ourt North	1
Florida Street Ad	ddress (P.O. Box NOT ACCEPTABLE)	SEP
Loxahatchee	33470 FL	70
	City/State/Zip	3
liability company at the place designated in registered agent and agree to act in this cap statutes relating to the proper and complete	I to accept service of process for the above stated that this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with and istered agent as provided for in Chapter 605, Florida	all
Statutes.	n behalf of Incorp Services,	Ine.
\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation of Registered Agent Certified Copy (optional)	

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: MALDONADO WINES LLC

FILE NUMBER:

200233810149

FORMATION DATE:

11/27/2002

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 August 28, 2014.

DEBRA BOWENSecretary of State