M14000007000

(Requestor's Name)
(Address)
(Address)
(Audiess)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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09/08/14--01034--004 **125.00

SECRETARY OF STATE

2



September 15, 2014

debbie polverino 410 LA FATA ST SUITE 200 ST HELENA, CA 94574

SUBJECT: RED MARE WINES, LLC

Ref. Number: W14000056145

We have received your document for RED MARE 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 614A00019661



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, RED MARE 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.

 φ IN/h/N

Elizabeth Nelson

License Representative

COVER LETTER

TO: Registration Section
Division of Corporations

Red Mare 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:

Division of Corporations Registration Section P.O. Box 6327 Tallahassec, 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: Red Mare Wines, 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 alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) Upon Approval (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7830-7840 St. Helena Hwy Oakville, Ca 94562 (Street Address of Princ pal Office) 6,410 La Fata St., Suite 200 St. Helena, Ca 94574 (Meiling Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/ Jim Striegel -5800 Shorefront Lane Flower Mound, TX 75022 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)

Jim Striegel

Typed or printed name of signee

am aware that my 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.)

Signature of an autilorized person
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the faces stated herein are true. I

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.

Loxahatchee 33470 SS 9 T	If unavailat	ble, the alternate to be used in t	the state of Florida is:	
The 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.	2. The nan	ne and the Florida street addres	s of the registered agent and office are:	
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.		InCorp Servic	es, Inc.	
Florida Sireet Address (P.O. Box NOT ACCEPTABLE) Loxahatchee 133470 City/State/Zip Having been named as registered agent and to accept service of process for the above stated limited. We 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.			(Name)	
Loxahatchee Signatures Loxahatchee 133470 City/State/Zip Having been named as registered agent and to accept service of process for the above stated limited. Italiability 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.		17888 67th C	ourt North	14.0 14.0
Loxahatchee Gity/State/Zip 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.		Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	
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.		Normalis and after a co		'∑' N '₹
		Loxanatchee	FL	- ≺ '

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: RED MARE WINES, LLC

FILE NUMBER: FORMATION DATE: 200930810037

11/02/2009

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 27, 2014.

> > **DEBRA BOWEN** Secretary of State

