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(Re	questor's Name)			
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(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
	Office Use Only	,		



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2014

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

SUBJECT: FORTUNATUS, LLC Ref. Number: W14000058171

We have received your document for FORTUNATUS, 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: 514A00020344

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, FORTUNATUS 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.

Elizabeth Nelson

License Representative

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Fortunatus, 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	ALL/	14 001	
City/State and Zip Code	美麗		
elizabeth@divinecompliance.com	ARY SSE	င်	An i Sarkii Ginegali Si
E-mail address: (to be used for future annual report notification)		F	
For further information concerning this matter, please call:	ည်း ကြောင်း	7: 46	g militarios.
Debbie Polverino _{at (} 707) 963-9733	AIDA AIDA	9	
Name of Contact Person Area Code Daytime Telephone	Number	-	
MAILING ADDRESS: Division of Cornegations Division of Cornegations			

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$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: Fortunatus 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.") California (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) pon Approval (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 995 9th Street, Building 201, Room 104 Treasure Island, San Francisco, Ca 94130-1041 (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(5) who has/have authority to manage is/are: Derek Rohlffs 3 Wildwood Lane Menlo Park, Ca 94025 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 penaltics 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.) Derek Rohlffs

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.

	of the Limited Liability Com	pany is:	
If unavailable	e, the alternate to be used in t	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		140 Seci
	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	OCT AREA
	Loxahatchee	FL 33470	-3 A MRY I ASSEE
		City/State/Zip	Co. ₹
liability comp registered age statutes relati	any at the place designated in ent and agree to act in this caping to the proper and complete ligations of my position as reg	I to accept service of process for the above stated this certificate, I hereby accept the appointmentacity. I further agree to comply with the proper performance of my duties, and I am familiar istered agent as provided for in Chapter 605, mature)	ent às visions of all with and Florida
	\$ 100.00 \$ 25.00		
	\$ 30.00	Certified Copy (optional)	
	\$ 5.00	Certificate of Status (optional)	

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: FORTUNATUS LLC

FILE NUMBER:

200717410200

FORMATION DATE:

06/21/2007

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 29, 2014.

DEBRA BOWEN Secretary of State

