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COVER LETTER

	non Section of Corporation			,	•		
SUBJECT:	Vio	nes 2 Wil	ncs, LLC				
		Nam	e of Limited Liability	Company			
					nsact Business in Florida," Certificate of company to transact business in Florida		
Please return all co	orrespondence co	oncerning this matter to	the following:				
,		JEffrey	C. Walk.	V			
Vines 2 Wines LLC							
	• •						
		2039	South	10 14	St West		
		Miss	soula 1	MT	59801		
_		JEFF @ (E-mail address: (to be	Dines 2 W e used for future annual	ines.	OYG		
For further inform	ation concerning	g this matter, please cal	1:		·		
	JEFF/en Name 6	f Contact Person	at (406 Area Code	39) Day	6-7799 time Telephone Number		
MAILIN Division Registrat P.O. Box	G ADDRESS: of Corporations ion Section			STREET Division of Registrati Clifton Br 2661 Exe	ADDRESS: of Corporations on Section		
Enclosed is a check \$125.0	k for the following Fee	ing amount: ☐ \$130.00 Filing Fee Certificate of Status	& \$155.00 Filin 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: imited 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) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent, (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 9. Attached is a 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 If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) ure of an authorized person This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, 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.



CERTIFICATE OF EXISTENCE

I, **LINDA McCULLOCH**, Secretary of State for the State of Montana, do hereby certify that:

VINES2WINES LLC

duly filed its Articles of Organization in this office on **August 15, 2016,** and on that date was authorized to transact business in this state for a term of Perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

No articles of dissolution have been placed on record in this office by said limited liability company and the records indicate the limited liability company is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.

nde McCullack

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 8th day of December, 2016.

LINDA McCULLOCH

Montana Secretary of State

Certificate Number: 120820160866