# M/8000009980

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
Certified Copies Certificates of Status
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D. BRUCE NOV 06 2018



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2018

ALEJANDRO DE MARCO 1900 GLADES ROAD, STE 357 BOCA RATON, FL 33431

SUBJECT: PERUS WINE COMPANY, LLC

Ref. Number: W18000080912

We have received your document for PERUS WINE COMPANY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The registered agent must sign accepting the designation.

Please return 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.

Deborah Bruce Corporate Records Supervisor Letter Number: 618A00021558

8 NOV - 6 PM 3: 35

September 11, 2018

ALEJANDRO DE MARCO 1900 GLADES ROAD, STE 357 BOCA RATON, FL 33431

SUBJECT: PERUS WINE COMPANY, LLC

Ref. Number: W18000080912

We have received your document for PERUS WINE COMPANY, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Deborah Bruce Corporate Records Supervisor

Letter Number: 518A00018779

2018 NOV - 6 PH 3: 35

#### COVER LETTER

			CO	VER LETTER					
то:		ition Section of Corporatio							
	Division	or Corporatio	ns						
SUBJE		RUS WINE CO	MPANY, LLC						
			Name of	Limited Liability	Company	<del>-</del>			
The end Existen	closed "Ap	plication by Fo	reign Limited Liability Com ed to register the above refer	pany for Authoriz enced foreign lim	ation to Tr ited liabili	ransact Business in Flo ty company to transact	orida," Co t busines:	ertificat s in Flo	e of rida.
Please 1	return all c	orrespondence	concerning this matter to the	following:					
		ALEJANDRO	DE MARCO						
			N	lame of Person			· <del>-</del>		
		PERUS WINE	COMPANY, LLC						
		_	F	irm/Company			<del></del>		
		1900 GLADES	S ROAD, SUITE 357						
				Address				ج>	
		BOCA RATO	V, FL 33431				を行った	AON 8182	
			City/S	itate and Zip Code	:		<u>:::::</u> 	) <b>\</b>	Property.
	Α	CCOUNTS@I	PERUSWINE.COM				5557	ъ Э	1
	_		E-mail address: (to be use	d for future annua	l report no	tification)	<del></del>	۔۔۔ بب	; ====
For furt	her inform	ation concernin	g this matter, please call:				- 통상 - 첫:	<u>ක</u> ශ්රී	
	JEANIN	E FUNCKE		561 at (	853-15	520	'		
		Name o	of Contact Person	Area Code	Day	ytime Telephone Num	ber		
	Division Registrati P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations tion Section Building ecutive Center Circle see, FL 32301			
Enclosed		k for the follow O Filing Fee	ing amount:  ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filii Certified Copy	ng Fee &	☐ \$160.00 Filing For Status & Certifie	ee, Certif d Copy	licate	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE 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:

	PERUS WINE COMPA					
	(Name of Foreign	Limited Liability Company; must include "Limited	Liabilit	y Company," "L.L.C.," or "LLC."	,	
	STATE OF CALIFORN		la. The a	ternate name must include "Limited Lia 47-2037149	bility Company," "L.L.C," or "LLC."	')
	(Jurisdiction under the law of w	hach foreign limited liability company is organized)	٥.	(FIII man	ber, if applicable)	
4.		(Dute tiret imprended business in Florida, if there to much	netration			
5.	1900 GLADES ROAE	(Date first transacted business in Florida, if prior to reg (See sections 605 0904 & 605 0905, F.S. to determine ), SUITE 357	penalty	ifability) - 1900 GLADES ROAD, ST	JITE 357	
	(Street Address of F BOCA RATON, FL 33	Principal Office) 431	0.	(Mailing Add BOCA RATON, FL 33431		
		<del></del>			<del></del>	
7.		ss of Florida registered agent: (P.O. Box ) ALEJANDRO DE MARCO	<u> TOZ</u>	acceptable)		
	Name: Office Address:	1900 GLADES ROAD, SUITE 357	-			
		BOCA RATON (City)	-	, Florida 33431 (Zip cod		
des to e	signated in this applica comply with the provisi	gistered agent and to accept service of prition, I hereby accept the appointment as it ions of all statutes relative to the proper a s of my position as registered agent.	regist	ered agent and agree to act	in this capacity. I furthe	r agree
		(Registered agent 3 sig	(ziture)		22	
8.	The name, title or capa Title or Capacity:	acity and address of the person(s) who has/ <u>Name and Address:</u>		nuthority to manage is/are: tle or Capacity:	Name and Address:	-11
	MANAGER	ANMOL BHANDARI	_		inc 1	7
		685 WEST END AV. APT 8B NEW YORK NY 10025-6819				111
	MANAGER	ALEJANDRO DE MARCO 4585 NW 24TH AVE BOCA RATON, FL 33431	_		<u> </u>	
۲U	se attachments if neces				<u></u>	
jur of 1 10.	isdiction under the law the translator must be so This document is exec	uted in accordance with section 605.0203 (o the Department of State constitutes a third	(I) (b)	foreign language, a translat Florida Statutes. I am awai	tion of the certificate under	r oath
		ALEJANDRO DE MARCO				

Typed or printed name of signee

#### State of California

### Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: PERUS WINE COMPANY LLC

FILE NUMBER:

201428010123

FORMATION DATE:

10/06/2014

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 September 28, 2018.

ALEX PADILLA Secretary of State

## M1800009981

(Requestor's Name)
(Address)
(Address)
. (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W8-94738

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10/17/18--01044--007 \*\*130.00

2011 NOV - 6 PH 9: 85

D BRUCE 2018



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2018

JUDY COTTERILL NEXSEN PRUET 701 GREEN VALLEY ROAD, SUITE 100 GREENSBORO, NC 27408

SUBJECT: SHEP MULBERRY, LLC Ref. Number: W18000094738

We have received your document for SHEP MULBERRY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return 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.

Deborah Bruce Corporate Records Supervisor Letter Number: 418A00022194

#### COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	SHEP Mulberry, LLC	
		e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florid
Please	e return all correspondence concerning this matter to	the following:
	Judy Cotterill	
	<del></del>	Name of Person
	Nexsen Priet	
		Firm/Company
	701 Green Valley Road, Suite 100	
		Address
	Greensboro, NC 27408	Address 201 NOV
	С	ity/State and Zip Code
	bstokes&snidertire.com	
or fur	E-mail address: (to be urther information concerning this matter, please cal	used for future annual report notification)
	Judy Cotterill	336 387-5109 at ( )
	Name of Contact Person	Area Code 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
Enclose	sed is a check for the following amount:  \$\square\$	& □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy

ROC 2

## 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:

	name adopted for the purpose of transacting business is	TO THE TREE TO SEE THE SECOND	and Limbility Congressive " "L. L. C. " or "L. C. ")
	name adopted for the Embose of transacting practices a		Ed Edding Company, E.E.C. or Miss.
North Carolina	vhieli foreign furnted liability company is organized)	3. 81-3919782	number, if applicable)
() or is all the most the is in or v	Their taleign illustration transity to inputy to a spinore a		,
	(Date first transacted business in Florida, if pri (See sections 605,0904 & 605,0905, F.S. to de	or to registration.) Hennine penalty liability)	
200 East Meadowview	v Road	6. 200 East Meadowview	v Road
(Street Address of		(Mailin Greensboro, NC 2740	
Greensboro, NC 2740	0	<u>-</u>	
Guilford County	<u></u>	Guilford County	
Name and street addre	ss of Florida registered agent: (P.O. I	Box NOT acceptable)	ALLAHAS
Office Address	155 Office Plaza Drive, 1st Floor		SE
Office Address:			ne P
			• • • • • • • • • • • • • • • • • • • •
iving been named as r signated in this applica comply with the pravis	egistered agent and to accept service ation, I hereby accept the appointment alons of all statutes relative to the pro- as of my position as registered agent.	nt as registered agent and agree to per and complete performance of	nited liability company at the pla o act in this capacity. I further a f my duties, and I am familiar wit
signated in this applica comply with the provision and accept the obligation The name, title or cap	(City)  otanice: egistered agent and to accept service ntion, I hereby accept the appointment itons of all statutes relative to the pro- us of my position as registered agent.  (Registered agent acity and address of the person(s) who	of process for the above stated linut as registered agent and agree to per and complete performance of Herrera Assimilars, only signification of the signification of the signification of the significant	nited liability company at the plan of act in this capacity. I further up my duties, and I am familiar with the second se
nving been named as r signated in this applice comply with the provis d accept the obligation	otance: egistered agent and to accept service ntion, I hereby accept the appointmentions of all statutes relative to the pro- us of my position as registered agent.  (Registered agent acity and address of the person(s) who	of process for the above stated limit as registered agent and agree to per and complete performance of Herrera Assimilar signature)  o has/have authority to manage is/a	mited liability company at the plan of act in this capacity. I further up my duties, and I am familiar with the second of the se
iving been named as r signated in this applice comply with the provis d accept the obligation The name, title or cap	(City)  otanice: egistered agent and to accept service ntion, I hereby accept the appointment itons of all statutes relative to the pro- us of my position as registered agent.  (Registered agent acity and address of the person(s) who	of process for the above stated limit as registered agent and agree to oper and complete performance of the first signification of the first significant sig	nited liability company at the plan of act in this capacity. I further up my duties, and I am familiar with the second se
iving been named as r signated in this applica comply with the provis d accept the obligation  The name, title or cap <u>Title or Capacity:</u>	otance: egistered agent and to accept service ntion, I hereby accept the appointmentions of all statutes relative to the pro- us of my position as registered agent.  (Registered agent.  Accept the appointment of the pro- (Registered agent.  Name and Address:  John K. Snider  200 East Meadowview Ro	of process for the above stated limit as registered agent and agree to oper and complete performance of the first signification of the first significant sig	mited liability company at the plan of act in this capacity. I further as my duties, and I am familiar with the second of the se
wing been named as r signated in this application the provised accept the obligation.  The name, title or cap Title or Capacity:  Manager	chance:  egistered agent and to accept service ution, I hereby accept the appointment itons of all statutes relative to the pro- us of my position as registered agent.  (Registered agent acity and address of the person(s) who Name and Address:  John K. Snider 200 East Meadowview Ro Greensboro, NC 27406	of process for the above stated limit as registered agent and agree to oper and complete performance of the first signification of the first significant sig	nited liability company at the plan of act in this capacity. I further a my duties, and I am familiar with the second sec
rving been named as r signated in this applica comply with the provis d accept the obligation  The name, title or cap Title or Capacity: Manager	otance: egistered agent and to accept service ntion, I hereby accept the appointment itons of all statutes relative to the pro us of my position as registered agent.  (Registered age acity and address of the person(s) who Name and Address:  John K. Snider  200 East Meadowview Ro Greenshoro, NC 27406	of process for the above stated line as registered agent and agree to per and complete performance of the pe	nited liability company at the plan of act in this capacity. I further a my duties, and I am familiar with the second sec
rying been named as r signated in this application this application with the provision discrept the obligation.  The name, title or caparity:  Manager  Ise attachments if necessary according to the control of the con	contance:  egistered agent and to accept service  ution, I hereby accept the appointment  itions of all statutes relative to the pro-  us of my position as registered agent.  (Registered agent  Address:  John K. Snider  200 East Meadowview Ro  Greenshoro, NC 27406  ssary)  e of existence, no more than 90 days of which it is organized. (If the certif	of process for the above stated limit as registered agent and agree to sper and complete performance of the complete performance of the control of the contr	mited liability company at the plan of act in this capacity. I further a my duties, and I am familiar with the second of the plan of the p

Typed or printed name of signee



## NORTH CAROLINA

## Department of the Secretary of State

#### CERTIFICATE OF EXISTENCE

(Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### SHEP MULBERRY, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 14th day of September, 2016

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

Elaine I Marshall

Secretary of State

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of October, 2018.

Certification# 103379354-1 Reference# 14818608- Page; 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification