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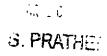
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COVER LETTER

TO:

ECT:	V, LLC			
		Name of Limited Liability	Company	
			ation to Transact Business in Florida," Cert ted liability company to transact business in	
return all	correspondence concerning this ma	atter to the following:		
	DAWNEL DE RUBEIS			
	·	Name of Person		
	ASV, LLC			
		Firm/Company		
	23742 LYONS AVENUE SUITI	£ 220579		
	· · · · · · · · · · · · · · · · · · ·	Address		
	NEWHALL, CALIFORNIA 913	21		
		City/State and Zip Code		
	INFO@ASVINEYARDS.COM			
•	E-mail address:	(to be used for future annua	l report notification)	
urther infor	mation concerning this matter, plea	se call:		
Margeaux F. Mernick		951 at (318-2559	
	Name of Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327			STREET ADDRESS: Division of Corporations Registration Section Clifton Building	
i anana	ssee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301	
	ed is a check for the following amou	urat.		

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED ILABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") AS VINEYARDS, LLC (if name unavailable, order alternate name adopted for the purpose of transacting business in Florids. The alternate name must include "Limited Hability Company," "LLLC," or "LUC.") 35-2605153 CALIFORNIA (jurisdation under the law of which foreign limited liability company is organized) 23742 LYONS AVENUE, #220579 TWO WEST LOCKEFORD STREET (Malking Address) (Street Address of Principal Office) NEWHALL, CALIFORNIA 91321 LODI, CALIFORNIA 95240 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Legalinc Corporate Services Inc. Name: Office Address: 5237 Summerlin Commons, Ste. 400 Fort Meyers 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 comply with 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 ogent.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

itle or Capacity:	Name and Address:	Title or Capacity	Name and Address:
Manager	Name: CHRISTOPHER DE RUBEIS	Manager	Name: FRED COOK
Member	Address: 23742 LYONS AVENUE	☐ Member	Address: 16840 VETS ROAD
Authorized	#220579, NEWHALL, CA 91321	Authorized	LOCKEFORD, CA 95237
Person		Person	
Other	Other	Other	Other
Manager	Name:DAWNEL DE RUBEIS	☐ Manager	Name:
Member	Address: 23742 LYONS AVENUE	☐ Member	Address:
Authorized	#220579, NEWHALL, CA 91321	Authorized	
Person		Person	2019
Other	Other	Other	Other B
			28 A
⊒Manager	Name:	Manager	Name: Sim R
Member	Address:	Member	Address:
Authorized		Authorized	——————————————————————————————————————
Person		Person	
Other	Other	Other	Other
mnortunt Notice: I	Use an attachment to report more than six (6).		naged for reporting purposes only. Non- te Annual Report form.

10. 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.

Mangeaux Mernick
Typed or printed name of signee

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: ASV, LLC

FILE NUMBER:

201723710074

FORMATION DATE:

08/21/2017

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 February 12, 2019.

ALEX PADILLA Secretary of State