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From: Lexus Wingo

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

IN COMPLANCE WITH SECTION (05,0002, FLORIDA STATUTE), THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF HORIDAY

eign landed lightlity company is organized) sta find teorracted business in Planda, dipore receptions 95 0904 & 005 0905, F.S. to deter	J. <u> </u>	71-0897()41 iFF number	if applicable [<u> </u>	_
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	mine penal.y Lab	álay;			
	6. 14	IIII NE 145th Street			
		(Mailing Address)			
	W	oodowille, WA 98072			
	ox <u>NOT</u> ace	eptable)	SLOW IN FALLAHAS	2022 HAR 2	<u> </u>
9 South Pine Island Road		_	<u> </u>	ິນ ຂ	FILED
itation		, Florida 33324	TORID.	9: 57	
(City)		(An code,			
<u>(</u>	Corporation System O South Pine Island Road	Florida registered agent (P.O. Box <u>NOT</u> acc Corporation System	0 South Pine Island Road	Florida registered agent (P.O. Box NOT acceptable) Corporation System O South Pine Island Road Wood(nville, WA 98072	St. S.

Other____

Page: 5 of 6

\$. For initial index manage Jup to six (\$		ises, list names, title or capacity	and addres	sses of the primary i	members/manag	gers or persons authorized to
Title or Capacity:		Name and Address:		Title or Capacity:		Name and Address:
⊠Manager	Name:	David Dearie		∏Manager	Name:	

⊠Manager	Name: David Dearie	□Manager	Name:
□Member	Address: 14111 NF. 145th Street	Member	Address:
□Authorized	Woodinville, WA 98072	_Authorized	
Person		Person	
_Other		Cother	
☑Manager	Name: Michael Lee	∐Manager	Name:
□Member	Address: 14111 NF, 145th Street	☐Member	Address:
☐Authorized	Woodinville, WA 98072	☐ Authorized	
Person		Person	
□Other	I Other	Other	□Other
∐Manager	Name:	□ Manager	Name
□Member	Address:	□ Member	Address:
□Authorized		Authorized	
Person		Person	

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[Other]

- 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 translation must be submitted).
- 10. This document is executed in accordance with section 605 0203 (1) (b), Florida Statutes. Fam aware that any false information submitted in a document to the Department of State constitutes a third degree fellowy as provided for in \$ 817.155. F.S.

Indeed to		
in the contract of the contrac	Signature of na nutberized person	
Michael Lee		
	Exped or monded name of source	

□Other___

The State of Washington

Secretary of State

I, STEVE R. HOBBS. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

STE. MICHELLE WINE ESTATES LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 01/02/1973.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 03/21/2022 UBI Number: 600 099 424 - 27222



Given under my hand and the Scal of the State of Washington at Olympia, the State Capital

Ste R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued, 93/21/2022