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S. FRANKLIN APR 2 8 2022

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	SAVWINER LLC Name of Limited Liability Company
The end Existen	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ice, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
	return all correspondence concerning this matter to the following:
	_ Jane Rohrs
	Name of Person
	SAV Winery LLC
	Firm/Company
	POBOX 519, Goleta, CA. 93116
	Goleta GA. 93116 City/State and Zip Code
	F-mail address (to be used for future annual report notification)
For furtl	her information concerning this matter, please call:
	Jake Rohys at (865) 450-9967 Name of Contact Person Area Code Daytime Telephone Number
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Boxed{\text{S125.00 Filing Fee}} \Boxed{\text{S130.00 Filing Fee}} \Boxed{\text{S155.00 Filing Fee}} \Boxed{\text{S160.00 Filing Fee}} \Boxed{\text{S160.00 Filing Fee}} \Boxed{\text{Certificate}} \text{Occurrence} \Boxed{\text{Certificate}} \Boxed{\text{Certified Copy}} \Boxed{\text{S160.00 Filing Fee}} \Boxed{\text{Certified Copy}} \Boxed{\text{Certified Copy}} \Boxed{\text{S160.00 Filing Fee}} \Boxed{\text{Certified Copy}} \text{Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. SAVWINERY LLC. (Name of Foreigh Lamited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foleign Lamited Laminty Company; must metade "Emitted Laminty Company," "L.L.C.," or "[L],C.")
(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,")
2. CALIFORNIA (Jurisdiction under the law of which foreign limited liability company is organized) 3. 201735810119 (Pit number, if applicable)
4. December 15th 202 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability)
5_12 Priss Avenue 6_ SAV WINDA LLC
Key Largo FL 100100 Overseas Hwy . Unit 371 Key Largo, FL 330 377 Key Largo, FL 330 377 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
33037 Key largo, FL 330357
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Jane Rohrs
Office Address: 100100 Overseas Hwy Unit 371671
Key Lavao, Florida 33037
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 agent.
gare Rohn
(Registered agent's signature)

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Manager □Manager Name: _____ Hollister Ranch Road Member Member Address: □ Authorized □ Authorized Person Person □Other___ Other_ □Other__ Other____ □Manager □Member ☐ Authorized □ Authorized Person Person Other_ □ Other □Other □Other □Manager Name: _____ □Manager ☐Member Address: _____ Address: □Member □ Authorized □ Authorized Person Person □Other_ □ Other____ □Other □ □Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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) 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.

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: SAVWINERY, LLC

FILE NUMBER:

201725810119

FORMATION DATE:

09/11/2017

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, SHIRLEY N. WEBER, PH.D., Secretary of State of the State of California, hereby certify:

The entity is authorized to exercise all of its powers, rightsand privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, 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 25, 2022.

Shirley N. Weber, Ph.D. Secretary of State



April 7, 2022

JANE ROHRS P O BOX 519 GOLETA, CA 93116 US

SUBJECT: SAVWINERY, LLC Ref. Number: W22000046712

We have received your document for SAVWINERY, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 622A00008166

RECEIVED AFR 25 2022

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314