

October 8, 1998

Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

20000266822--5 -10/19/98--01064--007 ****285.00 ****285.00

To: Registration Section

Pine Ridge Winery has restructured from a limited partnership to a limited liability company, and therefore must reapply. Enclosed please find the following forms: Certificate of Designation of Registered Agent, Application by Foreign Limited Liability Company, and Affidavit of Membership and Contributions of Foreign Limited Liability Company. I am enclosing a check for \$285 to cover the filing fee and designation of Agent fee.

FILED
98 OCT 19 PM 4:-30
SECRETARY OF STATE

Thank you for your assistance in this matter.

Tana Culienthal

Sincerely,

Diana Lilienthal Compliance Agent

Enclosures

Name
Availab(lity)

Document
Examiner

Updater

Updater
Verifyer

Acknowledgement

W. P. Verifyer

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

elaware =	3	68-0251351	
liction under the law of which foreign ny is organized)		(FEI number, if applied	cable)
August 31, 1998	5	perpetual	
(Date of Organization)		(Duration: Year limited liability co- exist or "perpetual")	mpany will cease to
September 2, 1998		·	
(Date first transacted busines	ss in Florida. (See se	ctions 608.501, 608.502, and 817.15.	5, F.S.)
5901 Silverado Trail			
Napa, Ca 94558			
	(Ct-ot oddwor of	principal office)	· · · · · · · · · · · · · · · · · · ·
name, title, and business address manage the foreign limited liabil NAME & ADDRESS:	of each managing	g member[MGRM] or manager	r[MGR]who if necessary) TITLE:
name, title, and business address manage the foreign limited liabile NAME & ADDRESS:	of each managing ity company in Fl	g member[MGRM] or manager lorida: (attach additional page i	if necessary)
manage the foreign limited liabil	of each managing ity company in Fl	g member[MGRM] or manager lorida: (attach additional page i NAME & ADDRESS:	if necessary)
NAME & ADDRESS: R. Gary Andrus	of each managing ity company in Fl TITLE: General Man	g member[MGRM] or manager lorida: (attach additional page i NAME & ADDRESS:	if necessary)
manage the foreign limited liabil	of each managing ity company in Fl TITLE: General Man	g member[MGRM] or manager lorida: (attach additional page i NAME & ADDRESS:	if necessary)
NAME & ADDRESS: R. Gary Andrus	of each managing ity company in Fl TITLE: General Man	g member[MGRM] or manager lorida: (attach additional page i NAME & ADDRESS:	if necessary) TITLE: 98 OCT 19 TALLAHASSE
NAME & ADDRESS: R. Gary Andrus	of each managing ity company in Fl TITLE: General Man	g member[MGRM] or manager lorida: (attach additional page i NAME & ADDRESS:	if necessary) TITLE: 98 OCT 19 PM 4: SHCRETARY OF STA
NAME & ADDRESS: R. Gary Andrus	of each managing ity company in Fl TITLE: General Man	g member[MGRM] or manager lorida: (attach additional page i NAME & ADDRESS:	if necessary) TITLE: 98 OCT 19 TALLAHASSE
NAME & ADDRESS: R. Gary Andrus	of each managing ity company in Fl TITLE: General Man	g member[MGRM] or manager lorida: (attach additional page i NAME & ADDRESS:	if necessary) TITLE: 98 OCT 19 PM 4: SHCRETARY OF STA
NAME & ADDRESS: R. Gary Andrus	of each managing ity company in Fl TITLE: General Man	g member[MGRM] or manager lorida: (attach additional page i NAME & ADDRESS:	if necessary) TITLE: 98 OCT 19 PM 4: SHCRETARY OF STA
NAME & ADDRESS: R. Gary Andrus	of each managing ity company in Fl TITLE: General Man	g member[MGRM] or manager lorida: (attach additional page i NAME & ADDRESS:	if necessary) TITLE: 98 OCT 19 PM 4: SHCRETARY OF STA
NAME & ADDRESS: R. Gary Andrus	of each managing ity company in Fl TITLE: General Man	g member[MGRM] or manager lorida: (attach additional page i NAME & ADDRESS:	if necessary) TITLE: 98 OCT 19 PM 4: SHCRETARY OF STA

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of Pine Ridge Winery, LLC	
certifies:	- · -
1) the above named limited liability company has at least one member; yes	
2) the total amount of cash contributed by the member(s) is \$\\ 0 *;	
3) if any, the agreed value of property other than cash contributed by member(s) is \$_NA_O_; (A description of the property is attached and made a part hereto.)	-
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	
*Please note: this was a restructuring only (no cash or property)	
of design and the second secon	
Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
R. Gary Andrus, General Manager	
Typed or printed name of signee 3	

Filing Fee: \$250.00 for Application and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the Limited Liability Company is:				
_	Pine Ridge Winery, L.L.C.	<u>-</u>	<u></u>	<u></u>	
2.	The name and the Florida street address of the registered agent and office are:				
	C T Corporation System (Name)	•		<u></u> .	
	1200 South Pine Island Rd. Florida street address (P.O. Box NOT ACCEPTABLE)	SECRETAF TALLAHAS	98 OCT 19	T1 =	- - - - - - - - - -
	Plantation FL 32301 City/State/Zip	RY OF STATE SEE, FLORIDA	9 PM 4: 30	LED	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)
VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

Filing Fee: \$ 35 for Designation of Registered Agent

Đ

State of Delaware Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PINE RIDGE WINERY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF OCTOBER, A.D. 1998.





Edward J. Freel, Secretary of State

AUTHENTICATION:

9342104

DATE:

10-07-98

2939322 8300

981387244