

211 Wapoo, Suitě 202 Calistoga, CA 94515 Phone (707) 942-6911 Fax (707) 942-9435

July 13, 1999

State of Florida Secretary of State 409 E Gaines Street Tallahassee, FL 32399

RE: Showket-Awni Wines LLC

900002934809----07/19/99--01088--011 *****250.00 *****250.00

W99-16908

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Dear Sir or Madam:

Enclosed herewith for your review and approval are the following documents for the above mentioned client:

- Application by Foreign Corporation for Authorization to Transact Business in Florida
- Certificate of Good Standing from the State of California
- Company check in the amount of \$250.00, to cover said fees

Once authority to ship has been issued, please mail to:

Beer and Wine Services Inc 211 Wapoo, Suite 202 Calistoga, Ca 94515 900002934809--2 -08/10/99--01072--001 *****35.00 ******35.00

If you should have any questions regarding this application, please contact me directly at (800) 788-0212.

Sincerely,

Elizabeth Hamamoto Out of State Licensing

Enclosure



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 22, 1999

BEER & WINE SERVICES, INC. 211 WAPOO, STE 202 CALISTOGA, CA 94515

SUBJECT: SHOWKET-AWNI WINES LLC

Ref. Number: W99000016908

We have received your document for SHOWKET-AWNI WINES LLC and check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$35.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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) 487-6097.

Michael Mays Document Specialist

Letter Number: 099A00037558

TRANSMITTAL LETTER

To: Quali Divis	fication/Tax Lien Sections of Corporations	n.	
SUBJECT: _		ni Wines LLC	
_		lame of corporation - must include suffix)	
Dear Sir.or M		ŕ	
The enclosed "Certificate of transact business	Existence, and check a	a Corporation for Authorization to Transact Busin are submitted to register the above referenced for	ess in Florida", eign corporation to
Please return a	ll correspondence conce	erning this matter to the following:	,
	ANDREA L. ANDI	ERSON .	
	-	(Name of Person)	<u> </u>
		(Firm/Company)	
	6.5 IAIG		
	OWISE CO.		
	CALISTOGA, CA	(City/State/Zip)	
			0. 123
Should you nee	ω 355		
	ANDERSON	at (800)788-0212	• 4
(Name	of Person)	(Area Code & Daytime Telephone Num	nber)
	·····		
STREET ADD	RESS:	MAILING ADDRESS:	· · · · · · · · · · · · · · · · · · ·
Qualification/Ta Division of Con 409 E. Gaines S Tallahassee, FL	x Lien Section corations t	Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	

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

'N 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:

California	3.	68-0408107	
liction under the law of which foreign li- my is organized)	nited liability	(FEI number, if applica	ble)
1/2/98	5.	Perpetual	
(Date of Organization)		(Duration: Year limited liability co exist or "perpetual")	mpany will ccase to
upon approval			
(Date first transacted husiness in	Florida. (See sect	ons 608.501, 608.502, and 817.155, F	.S.)
PO Box 350			
Oakville, CA 94562			
	(Streat address of pr	ncipal office)	
nme, title, and business address of anage the foreign limited liability NAME & ADDRESS:	of each managi company in I	ng member[MGRM] or mana Torida: (attach additional pag- NAME & ADDRESS:	ger[MGR]who : e if necessary) TITLE:
anage the foreign limited liability	company in I	Torida: (attach additional page	e if necessary)
name the foreign limited liability	company in I	Torida: (attach additional page	e if necessary)
NAME & ADDRESS: Khalil Showket	company in I	Torida: (attach additional page	e if necessary)
NAME & ADDRESS: Khalil Showket 7778 Silverado Trail	company in I	Torida: (attach additional page	TITLE:
NAME & ADDRESS: Khalil Showket 7778 Silverado Trail Napa, CA 94558	r company in F	NAME & ADDRESS:	e if necessary)
NAME & ADDRESS: Khalil Showket 7778 Silverado Trail Napa, CA 94558 Dorothy Showket	r company in F	NAME & ADDRESS:	e if necessary)
NAME & ADDRESS: Khalil Showket 7778 Silverado Trail Napa, CA 94558 Dorothy Showket Same	Y company in I	NAME & ADDRESS:	e if necessary)
NAME & ADDRESS: Khalil Showket 7778 Silverado Trail Napa, CA 94558 Dorothy Showket Same Zaid Awni	Y company in I	NAME & ADDRESS:	e if necessary)

ring custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate in in a foreign

guage, a manslation of the certificate under outh of the translator must be submitted.)

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.

Showket-Awni Wines LLC	
. The name and the Florida street address of the registered agent and office are:	
Corporation Service co	95 MJG
1201 Hays St Ste 105 Florida street address (P.O. Box NOT ACCEPTABLE)	8:
Tallahassee, FL 32301	<u>.</u>

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.

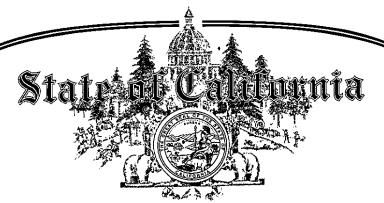
By: Ware (Wignature)

Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The member or authorized representative of a member of		
Showket-Awni Wines LLCcertifies:		
1) the above named limited liability company has at least one member;		
2) the total amount of cash contributed by the member(s) is	\$ <u> </u>	;
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.)	<u>\$</u>	⁷
and 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.)	\$ <u></u>	93 Fig.
(This fold includes amounts from 2 and 3 above.)		AND THE FILL
ROmba		AM 8: 1
Signature of a member or an authorized representative of a mem (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.)	ber.	-
Khalil Showket, Member		
Typed or printed name of signee		

Filing Fee: \$250.00 for Application and Affidavit



SECRETARY OF STATE

CERTIFICATE OF STATUS CALIFORNIA LIMITED LIABILITY COMPANY

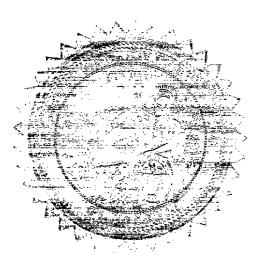
I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the 2nd day of January, 1998, SHOWKET-AWNI WINES, LLC, became recognized under the laws of the State of California by filing its Articles of Organization in this office; and

That no record exists in this office of a certificate of cancellation of said limited liability company nor of a court declaring cancellation thereof; and

That according to the records of this office, the said limited liability company is authorized to exercise all its powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition of this limited liability company.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this 2nd day of July, 1999.

BILL JONES Secretary of State