



State of Rhode Island

Department of State - Business Services Division

**Application for Registration**

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

STATE  
RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

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1. The name of the limited liability company is:

Patz &amp; Hall PremiumCo LLC

Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No ☒

The name, if different, under which it proposes to register and transact business in Rhode Island is:

2. The LLC is organized under the laws of: Delaware

3. The date of its organization is: 08.25/2021

And the period of its duration is: **CHECK ONE BOX ONLY**☒ Perpetual (on-going)

Date certain for dissolution \_\_\_\_\_

4. The name and address of the resident agent/office in Rhode Island is:

Agent Name C T Corporation System

Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway Suite 7A

City/Town East Providence

State RHODE ISLAND

Zip Code 02914

5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Premium wine sales

Check the box to indicate an attachment

**MAIL TO:**

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

STAMP

FILED

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BY

FORM 450 - Revised: 08/2021

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6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

14111 NE 145th St, Woodinville, WA 98072

8. The mailing address for the limited liability company is:

14111 NE 145th St, Woodinville, WA 98072

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

☒ By its members (If you have checked this box, **DO NOT** fill out the chart below)

By one (1) or more managers (List managers below)

MANAGER	ADDRESS

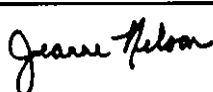
10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of LLC Patz & Hall PremiumCo LLC	Date 10/12/2022
Signature of Authorized Person  JEANNE NELSON, MANAGER	

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PATZ & HALL PREMIUMCO 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 FOURTEENTH DAY OF OCTOBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6191069 8300

SR# 20223771944

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204623832

Date: 10-14-22



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea, Secretary of State**

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

October 18, 2022 01:51 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Nellie M. Gorbea  
*Secretary of State*

