Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

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

Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigne applies for a Certificate of Registration to transact business purpose submits the following statement:	ed foreign limited liability company in the State of Rhode Island, and	herebynn CCT 18 P 1:51
The name of the limited liability company is:		
Patz & Hall PremiumCo LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No X		
The name, if different, under which it proposes to register	and transact business in Rhode I	sland is:
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 ONL	Y	
X Perpetual (on-going)		
Date certain for dissolution		
4. The name and address of the resident agent/office in R	hode Island is:	
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Pa	nrkway Suite 7A	
City/Town East Providence	State RHODE ISLAND	Zip Code 02914
5. The purpose or purposes which it proposes to pursue in	n the transaction of business in R	hode Island are:
Premium wine sales		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov STAME

FILED

Check the box to indicate an attachment

0001 18 2022

FORM 450 - Revised: 08/20:

	d the agent of the foreign limited liability company for e resident agent cannot be found or served following	
7. The address of the office required to be if not so required, of the principal office of	maintained in the state or country of its organizatio the foreign limited liability company is:	n by the laws of that state or,
14111 NE 145th St, Woodinville, WA 98072		
8. The mailing address for the limited liabil	ity company is:	
14111 NE 145th St, Woodinville, WA 98072		
9. Management of the Limited Liability Cor	mpany:	
The Limited Liability Company is to be ma	naged by: CHECK ONLY ONE BOX	
X 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 <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.		
11. Date when this application for Certifica	ite of Registration will be effective: CHECK ONE Bo	OX ONLY
★ Date received (Upon filing)		
Later effective date (Date must be no	more than 90 days from the date of filing)	
	irm that I have examined this Application for Registi tatements contained herein are true and correct.	ration, including any
Type or Print Name of LLC		Date
Patz & Hall PremiumCo LLC		10/12/2022
Signature of Authorized Person	Jeans Melson	
JEANNE NELSON, MANAGER	0	

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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.

Authentication: 204623832

Date: 10-14-22

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