Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

RECEIVED AND R.I. DEPT. OF STATE OF BUS SVCS (CIV.)

Pursuant to the provisions of RIGL <u>7-16-49</u>, the undersigned foreign limited liability company hereby 19 P 1: 55 applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

The name of the limited liability company is:			
Erath 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 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			
X 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 OCT 1 9 2022 1755

	d the agent of the foreign limited liability company for ne resident agent cannot be found or served following the company of the company o		
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 organization the foreign limited liability company is:	on by the laws of that state or,	
14111 NE 145th St, Woodinville, WA 98072			
8. The mailing address for the limited liabil	lity company is:		
14111 NE 145th St, Woodinville, WA 98072			
9. Management of the Limited Liability Company:			
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 Be	OX ONLY	
★ Date received (Upon filing)			
Later effective date (Date must be no	more than 90 days from the date of filing)		
	rm 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	
Erath PremiumCo LLC		10/12/2022	
Signature of Authorized Person	New Melson		
JEANNE NELSON, MANAGER	Jeane Melvon		

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ERATH 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: 204623826

Date: 10-14-22