

F140000005409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

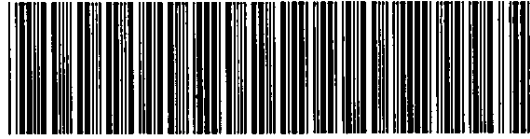
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Officer Use Only



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12/22/14--01008--026 **70.00

RECORDS & COMMUNICATIONS DIVISION
14 DEC 22 AM 11:23

DEC 23 2014

T. SCOTT

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Caribou Coffee Company, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Teri Searles

Name of Person

Caribou Coffee Company, Inc.

Firm/Company

3900 Lakebreeze Avenue North

Address

Minneapolis, MN 55429

City/State and Zip code

tsearles@cariboucoffee.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teri Searles

at (762) 592-2340

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Caribou Coffee Company, Inc.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Minnesota 3. 41-1731219
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09-18-1992 5. perpetual
 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 12/1/2014
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3900 Lakebreeze Avenue North, Minneapolis, MN 55429
 (Principal office address)

3900 Lakebreeze Avenue North, Minneapolis, MN 55429
 (Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
 (City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative 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: C T Corporation System Michele Miller
 (Registered agent's signature) Assistant Secretary

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

14 DEC 22 AM 11:21
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Joachim Creus

Address: 3900 Lakebreeze Avenue North

Minneapolis, MN 55429

Director: Axel Bhat

Address: 3900 Lakebreeze Avenue North

Minneapolis, MN 55429

14 DEC 22 AM 11:21
DIVISION OF REVENUE

B. OFFICERS

President: Michael Tattersfield

Address: 3900 Lakebreeze Avenue North, Minneapolis, MN 55429

Vice President: _____

Address: _____

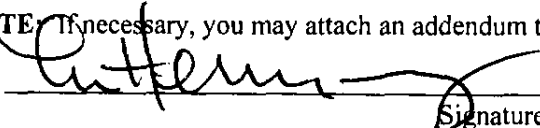
Secretary: Dan E. Lee

Address: 3900 Lakebreeze Avenue North, Minneapolis, MN 55429

Treasurer: Timothy J. Hennessy

Address: 3900 Lakebreeze Avenue North, Minneapolis, MN 55429

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Timothy J. Hennessy Treasurer & CFO

(Typed or printed name and capacity of person signing application)

ADDENDUM:

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Director: David Bell

Address: 3900 Lakebreeze Avenue North

Minneapolis, MN 55429

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Caribou Coffee Company, Inc.
Date Filed: 09/18/1992
File Number: 7O-22
Minnesota Statutes, Chapter: 302A
Home Jurisdiction: Minnesota

This certificate has been issued on: 12/05/2014



Mark Ritchie

Mark Ritchie
Secretary of State
State of Minnesota