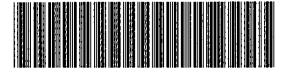
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(Re	equestor's Name)	
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PICK-UP	WAIT .	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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Office Use Only

COVER LETTER

Registration Section

Division of Corporations ,	
SUBJECT: Purpods LLC Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	e of rida.
Please return all correspondence concerning this matter to the following:	
Brian Hoey Name of Person	
Purfoods, LLC.	
V Firm/Company	
718 SE Shurfine Dr. Address	
Ankeny Towa 50021 City/State and Zip Code	
E-mail address: (to be used for future unnual report notification)	
For further information concerning this matter, please call:	
Brian Hoey at (S15) 963-0641 Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy S160.00 Filing Fee, Certified Copy Of Status & Certified Copy	



January 17, 2012

BRIAN HOEY 718 SE SHURFINE DRIVE ANKENY, IA 50021

SUBJECT: PURFOODS, LLC Ref. Number: W12000002819

We have received your document for PURFOODS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$777.50.

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) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 612A00001046

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIC LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Name of Foreign Limited Limited Limited Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Limbility Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2.
4. 12-21e-2002 (Date of Organization) 5. Crpetwol (Duration: Year limited liability company will cease to exist or "perpetual")
Sections 2010
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. TIB SE Shurpine Dr. SE No F
Ankery Tava 50021 70 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
718 SE Shugine Dr. Brian Holy Ankeny I Dwa 50021
Ankery Iowa 50021
,
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Home delivered
Meals and food distribution.
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)
Brian Itoey CFo Typed or printed name of signee
Typed of printed name of signed

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,

1. The name of	f the Limited Liability Com	ipany is:				
- Pw	Goods, LLC				_	
If unavailable,	the alternate to be used in the	he state of Florida	is:			
	•					
- W						
2. The name an	d the Florida street address	of the registered	agent and office are	e:		
				1 , ,,,,,	_	
	C T Corporation	ı System		Air C	2 F	
		(Name)			8	-17
	1200 South Pine	Island Road		ASSER	22 1	LE
	Florida Street Add	dress (P.O. Box NO)	CACCEPTABLE)		I	O
	Plantation,	FL	33324	LORID	0: 21	
		City/State/Zip				

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 as provided for in Chapter 608, Florida Statutes.

James M. Halpin
Assistant Secretary
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

IOWA SECRETARY OF STATE MATT SCHULTZ



Date: 1/10/2012

CERTIFICATE OF EXISTENCE

Name: PURFOODS, LLC (489DLC - 274005)

Date of Incorporation: 12/26/2002

Duration: PERPETUAL

I, Matt Schultz, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the limited liability company named on this certificate is in existence and was duly incorporated under the laws of Iowa, that all fees required by the Iowa Revised Uniform Limited Liability Company Act have been paid by the limited liability company, that the most recent biennial corporate report required has been filed by the Secretary of State, and that articles of dissolution have not been filed.

Certificate ID: CS62081

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Matt Schultz

Iowa Secretary of State