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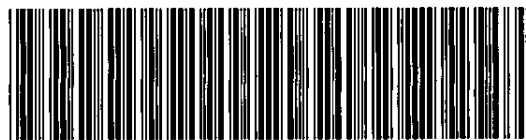
(Business Entity Name)

(Document Number)

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04/05/10--01001--006 **1052.50

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10 APR - 2 PM 4:05

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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10 APR - 2 PM 4:30

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EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 04-02-10

NAME: STROEHMANN LINE-HAUL, L.P.

TYPE OF FILING: APPLICATION BY FOREIGN LP

COST: CK FOR \$1052.50 ATTACHED

RETURN: CERTIFIED COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR -2 PM 4:30

1. STROEHMANN LINE-HAUL, L.P.
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.

2. Pennsylvania 3. 05/14/1996
State or Country of Formation Date of Formation

4. Capitol Corporate Services, Inc.
Name of Registered Agent for Service of Process

5. 155 Office Plaza Drive, Suite A
Florida street address for Registered Agent

Tallahassee, FL 32301

6. 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.

Bayle Wundt, asst sec
Signature of Registered Agent

7. 255 Business Center Drive
Principal office address

Horsham, PA 19044

8. If limited partnership is a limited liability limited partnership, check box ☐

9. _____
(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

Orograin Bakeries Manufacturing, Inc.	255 Business Center Drive
Name	Street Address
F1UUUUUU00395	Horsham, PA 19044
	Mailing Address
Name	Street Address
	Mailing Address
Name	Street Address
	Mailing Address
Name	Street Address
	Mailing Address

Name	Street Address
	Mailing Address
Name	Street Address
	Mailing Address

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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

Signed this 1st day of April, 20 10

Signature of a general partner:



Claudia V. Coscia, Asst. Secretary of

Orograin Bakeries Manufacturing, Inc.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$ 52.50
Certificate of Status (optional):	\$ 8.75

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

APRIL 1, 2010

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

STROEHMANN LINE-HAUL, L.P.

**is duly registered as a Limited Partnership under the laws of the Commonwealth
of Pennsylvania and remains subsisting so far as the records of this office show,
as of the date herein.**



**IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.**

Pedro A. Cortis

Secretary of the Commonwealth