

F0500000 6516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

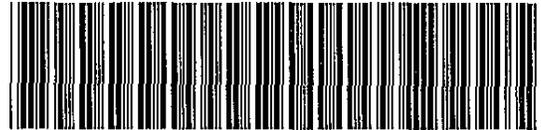
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05 NOV - 9 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

05 NOV - 9 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 690402 5167843

AUTHORIZATION : *Darlene Ward*

COST LIMIT : \$ 70.00

ORDER DATE : November 4, 2005

ORDER TIME : 4:32 PM

ORDER NO. : 690402-030

CUSTOMER NO: 5167843

FILED
NOV - 9 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: FLOWERS SPECIALTY SNACK SALES,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward -- EXT# 2935

EXAMINER: _____

**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.*

FILED
NOV -9 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Flowers Specialty Snack Sales, 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. Tennessee

(State or country under the law of which it is incorporated)

3. 02-1574151

(FEI number, if applicable)

4. 8/17/1994

(Date of incorporation)

5. petpetual

(Duration: Year corp. will cease to exist or "perpetual")

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

7. 1919 Flowers Circle Thomasville, GA 31757

(Principal office address)

(Current mailing address)

8. Sale of fresh baked and frozen bakery products

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

10. 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.

Corporation Service Company

By: _____

(Registered agent's signature)

**Jeanine Reynolds
as its agent**

11. 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.

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

A. DIRECTORS

Chairman: Jason Frye

Address: 1411 Mountain Road
Andersonville, TN 37705

Vice Chairman: Mark Courtney

Address: 1411 Mountain Road
Andersonville, TN 37705

Director: Jeff Vann

Address: 1411 Mountain Road
Andersonville, TN 37705

Director: _____

Address: _____

B. OFFICERS

President: Jason Frye

Address: 1411 Mountain Road
Andersonville, TN 37705

Vice President: Mark Courtney and Jeff Vann

Address: 1411 Mountain Road
Andersonville, TN 37705

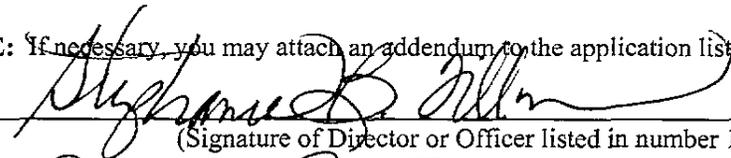
Secretary: Joanna Johnson Sec/Tres

Address: 1411 Mountain Road Andersonville, TN 37705

Treasurer: Karyl Lauder - Asst Tres

Address: 1411 Mountain Road Andersonville, TN 37705

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. STEPHANIE B. TILLMAN
(Typed or printed name and capacity of person signing application)

Stephanie B. Tillman – Asst. Secretary
1919 Flowers Circle
Thomasville, GA 31757

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 11/04/2005
REQUEST NUMBER: 05308119
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 08/17/1994
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0282743
JURISDICTION: TENNESSEE

TO:
CFS
8161 HIGHWAY 100
#172
NASHVILLE, TN 37221

REQUESTED BY:
CFS
8161 HIGHWAY 100
#172
NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"FLOWERS SPECIALTY SNACK SALES, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 11/04/05

FROM:
CFS
8161 HIGHWAY 100
#172
NASHVILLE, TN 37221-0000

RECEIVED: FEES \$0.00
 \$360.00 \$0.00
TOTAL PAYMENT RECEIVED: \$360.00

RECEIPT NUMBER: 00003819183
ACCOUNT NUMBER: 00101230



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE