

F07000001484

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

FOREIGN PROFIT/NONPROFIT CORPORATION

Heidi's Gourmet Desserts, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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B. McKnight MAR 16 2007

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3/15/2007

**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. Heidi's Gourmet Desserts, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. Georgia 3. 581334880

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

(FBI number, if applicable)

4. 08/01/1978

(Date of incorporation)

5. Perpetual

(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. 2855 Rolling Pin Lane, Suwanee, GA 30024

(Principal office address)

same

(Current mailing address)

8. To engage in the manufacture and sale of bakery goods and related items.
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(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.

C T Corporation System

By 
(Registered agent's signature)

M.C. Summer PaVon
Assistant Secretary

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:

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TALLAHASSEE, FLORIDA

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A. DIRECTORS *SEE ATTACHMENT*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: M. Lenny Pippin

Address: 115 West College Drive

Marshall, MN 56258

Director: Calvin Brink

Address: 115 West College Drive

Marshall, MN 56258

B. OFFICERS *SEE ATTACHMENT*

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: Brian Settler

Address: 115 West College Drive, Marshall, MN 56258

Treasurer: _____

Address: _____

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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. Brian R. Sattler Secretary

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

**Attachment to Florida
Officers & Directors**

1	Full Name:	Calvin Brink
	Officer/Director:	Officer
	Officer's Title:	President and CEO
	Director's Title:	
	Business Address:	115 West College Drive
	City:	Marshall
	State:	MN
	ZIP Code:	56258
2	Full Name:	Thomas Leffelman
	Officer/Director:	Officer
	Officer's Title:	CFO
	Director's Title:	
	Business Address:	115 West College Drive
	City:	Marshall
	State:	MN
	ZIP Code:	56258
3	Full Name:	Heidi Dirckx
	Officer/Director:	Officer
	Officer's Title:	Assistant Treasurer
	Director's Title:	
	Business Address:	115 West College Drive
	City:	Marshall
	State:	MN
	ZIP Code:	56258
4	Full Name:	Tracy Burr
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	115 West College Drive
	City:	Marshall
	State:	MN
	ZIP Code:	56258

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TALLAHASSEE, FLORIDA

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STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

HEIDI'S GOURMET DESSERTS, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 08/01/1978 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 1st day of March, 2007

Karen C Handel
Secretary of State

Certification Number: 859658-1 Reference:
Verify this certificate online at <http://corp.sos.state.ga.us/corp/soskb/verify.asp>