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FOREIGN PROFIT/NONPROFIT CORPORATION

Dawn Food Products, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,220.00

\$70.00

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January 6, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: DAWN FOODS PRODUCTS, INC.
REF: W09000000173

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Gina McLeod
Regulatory Specialist II

FAX Aud. #: H09000001135
Letter Number: 609A00000169

P.O. BOX 6327 - Tallahassee, Florida 32314

**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. Dawn Food Products, 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. Michigan 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 12/22/2008 5. Perpetual
(Date of incorporation) (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. 3333 Sargent Road, Jackson, MI 49201
(Principal office address)

SHOPS
(Current mailing address)

8. Manufacture and sale of bakery products and equipment.
(Purpose(s) of corporation authorized to transact business in state of Florida)

9. 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)

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.

CT Corporation System

By: _____

(Registered agent's signature)

Kimberly Breunling
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.

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

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Carrie L. Barber

Address: 3333 Sargent Road

Jackson, MI 49201

Vice President: _____

Address: _____

Secretary: Jerome H. Baglian

Address: 3333 Sargent Road, Jackson, MI 49201

Treasurer: Jerome H. Baglian

Address: 3333 Sargent Road, Jackson, MI 49201

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

13. STARS

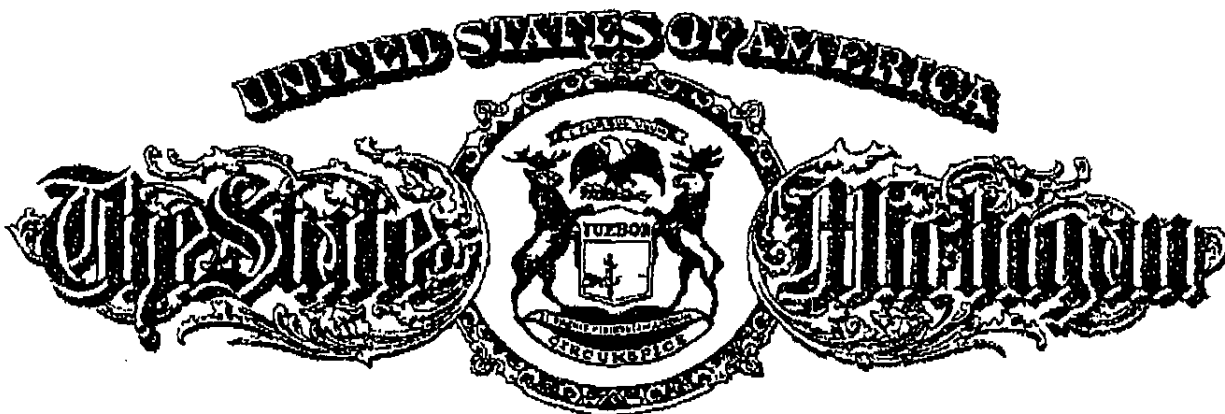
(Signature of Director or Officer listed in number 12 of the application)

14. Shirley A. Smith Asst. Secretary

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

1	Full Name:	Milas E. Jones
	Officer/Director:	Officer, Director
	Officer's Title:	Executive Vice President
	Director's Title:	Director
	Business Address:	3333 Sargent Road
	City:	Jackson
	State:	MI
	ZIP Code:	49201
2	Full Name:	Ronald L. Jones
	Officer/Director:	Officer, Director
	Officer's Title:	Executive Vice President
	Director's Title:	Director
	Business Address:	3333 Sargent Road
	City:	Jackson
	State:	MI
	ZIP Code:	49201
3	Full Name:	Stuart A. Smith
	Officer/Director:	Officer
	Officer's Title:	Assistant Secretary
	Director's Title:	
	Business Address:	3333 Sargent Road
	City:	Jackson
	State:	MI
	ZIP Code:	49201
4	Full Name:	Carrie L. Barber
	Officer/Director:	Officer, Director
	Officer's Title:	President
	Director's Title:	Director
	Business Address:	3333 Sargent Road
	City:	Jackson
	State:	MI
	ZIP Code:	49201
5	Full Name:	Jerome H. Baglien

	Officer/Director:	Officer, Director
	Officer's Title:	Treasurer & Secretary
	Director's Title:	Director
	Business Address:	3333 Sargent Road
	City:	Jackson
	State:	MI
	ZIP Code:	49201
6	Full Name:	Cym H. Lowell
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	3333 Sargent Road
	City:	Jackson
	State:	MI
	ZIP Code:	49201
7	Full Name:	Gina D. Franco
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	3333 Sargent Road
	City:	Jackson
	State:	MI
	ZIP Code:	49201



This is to Certify That

DAWN FOOD PRODUCTS, INC.

a Michigan profit corporation was validly incorporated on December 22, 2008, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 2nd day of January, 2009.

Andrew J. Pate , Director

Bureau of Commercial Services

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