Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000127579 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: {850}617-6381

\*RE-SUBMIT\*

JAMBION OF COMPORATION

From:

E C T CORPOLICUSE TEIGIN Original filing (850) 222-1001e of submission 5/9 Account Name Account Number :

Phone

Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

17 m ~ i 1	Address:			
	ALL 688.			

#### FOREIGN PROFIT/NONPROFIT CORPORATION JMS Coffee Company

Certificate of Status 1 Certified Copy Page Count \$87,50 Estimated Charge



May 10, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: JMS COFFEE COMPANY

REF: W11000025891

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain both the street address of the principal office and the mailing address of the entity.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

We need a complete street address.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II FAX Aud. #: E11000127579 Letter Number: 311A00011522

#### **COVER LETTER**

	New Filing Section Division of Corporations					
SUBJEC	T: JMS Coff	ee Company				
		Name	of corpora	tion - must i	nclude suffix	
Dear Sir or	Madam;					
"Certificat	e of Existeno		e of Good 8	Standing" ac	nd check are subr	et Business in Florida," nitted to register the
Please retu	m all corresp	ondence concern	ing this ma	atter to the fo	ollowing:	
Man	dy Hend	ricks				
•			Name	of Person	•	<del></del>
CT Corpora	ation Syst	em			_	
			Firm/	Сотрану		
120	S. Cent	ral Avenu	e, Sui	te 400		
			A	dáress		
Clay	yton, MC	63105		• • • • • • • • • • • • • • • • • • • •		
			-	te and Zip o		
CLS	-AnnualI				rskluwer.c	
		E-mail addre	86: (to de u	sea for futur	e annual report u	ouncation)
For further	information	concerning this	matter, ples	reo carl:		•
Carol Braue	schweig		ar / 216	) 622-	8476	
N	ame of Perso	מ			Daytime Telephi	one Number
Ne Di Cl 26	ew Filing Sec vision of Cor iston Buildin	porations E Center Circle	ss:		MAILING AI New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction rporations
Enclosed i	s a check for	the following an	opnt:			
<b>□</b> \$70.0	0 Filing Fee	S78.75 Fili Certificate	ng Fee & of Status	11	Filing Fee & led Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

### 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.

	pany orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"
min, Co., Co	ир, ши, со, от сопр. у	
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
2. Ohio	3,	36-4697218
	inder the law of which it is incorporated)	(FEI number, if applicable)
4. April 28, 2011	5.	perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. N/A		最 <u>い</u>
J		a Florida, if prior to registration) 502, F.S., to determine penalty liability)
7.1 Strawberry Lane	, Ottville, OH 44667	ه المراجعة
	(Principal office add	(C)
Struwberry Lane,	Orrville, Off 44667	
	(Current mailing add	(C)
8. Manufacture, pro	ocess, market and sell coffee products.  ) of corporation authorized in home state or co	REAL TO SERVICE TO SER
(Purpose(s	) of corporation authorized in home state or ca	numbry to be carried out in state of Florida)
9. Name and street	t address of Florida registered agent: (P.C	). Box NOT acceptable)
Name:	C T Corporation System	
Office Address:	1200 South Pine Island Road	·
	Plantation	Morida 33324
	(City)	, Florida 33324 (Zip code)
designated in this further agree to co	ed as registered agent and to accept servi application, I hereby accept the appoints amply with the provisions of all statutes t with and accept the ubligations of my pa C T Cotporation System	ics of process for the above stated corporation at the place nent as registered agent and agree to act in this capacity. I clative to the proper and complete performance of my duties, sition as registered agent
By: -=	Sieve Stark	Stout, Asst. Becrutary

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.

(Registered agent's signature)

FILED

# 11 MAY -9 PM 3:21

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

A. DIRE	CTO	rs	SECRETARY OF STATE
Director:		Richard K. Smucker	TALLAHASSEE FLORIDA
Address: _	1	Strawberry Lane	
_		Onville, OH 44667	
Director:		Vincent C. Byrd	
Address: _	1	Strawberry Lane	
_		Onville, OH 44667	
Director:			
_			
Director: _			
_			
B. OFFI	Cer	=	TOP FILL LYON OF OWNERS
President:		A HERMAN	FOR FULL LIST OF OFFICERS
_			
Vice Presid	lent:		
			·
Secretary:			
		A	
NOTE: II	Гпесе	essary, you may attach an addend	turn to the application listing additional officers and/or directors.
13		umnette z thud	ben
are true an	d tha	irector signing this document (ar	ature of Director or Officer and who is listed in number 12 above) affirms that the facts stated herein armation submitted in a document to the Department of State constitutes a F.S.
14. Jeanne	tte L.	Knudsen, Vice President and Socre	
		(Typed or printed name	and capacity of person signing application)

FILED

11 MAY -9 PM 3:21

SECRETARY OF STATE TALLAHASSEE FLORIDA

#### EXHIBIT A

## To Florida Application for Certificate of Authority

NAME	TIYLE	BUSINESS ADDRESS
Richard K. Smucker	Chief Executive Officer	1 Strawberry Lane, Orville, OH 44667
Mark T. Smucker	President	l Strawberry Lane, Orville, OH 44667
Mark R. Belgya	Vice President and Chief Financial Officer	1 Strawberry Lane, Orville, OH 44667
Kevin G. Jackson	Vice President	1 Strawberry Lane, Orville, OH 44667
Christopher P. Resweber	Vice President	l Strawberry Lane, Orville, OH 44667
David Lemmon	Vice President	1 Strawberry Lane, Orville, OH 44667
Larry W. Herman	Vice President	l Strawberry Lane, Orville, OH 44667
Dennis J. Armstrong	Vice President	l Strawberry Lane, Orville, OH 44667
Jeannette L. Knudsen	Vice President and Secretary	l Strawberry Lane, Orville, OH 44667
Debra A. Marthey	Treasurer	l Strawberry Lane, Orville, OH 44667

11 MAY -9 PM 3:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

# United States of America State of Ohio Office of the Secretary of State

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show JMS COFFEE COMPANY, an Ohio corporation, Charter No. 2016547, having its principal location in Orville, County of Wayne, was incorporated on April 28, 2011 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Socretary of State at Columbus, Ohio this 29th day of April, A.D. 2011

Obio Secretary of State

Validation Number: V2011119AC681A