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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Bu	isiness Entity Nar	ne)		
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Certified Copies	_ Certificates	s of Status		
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COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: Super Food Services, Inc., Name of corporation - must include suffix				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.				
Please return all correspondence concerning this matter to the following:				
Sharon Greene				
Name of Person				
Super Food Services, Inc.				
Firm/Company				
7600 France Avenue South				
Edina, MN 55435 Address				
City/State and Zip code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (952), 844.1148 Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclosed is a check for the following amount:				
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy \$87,50 Filing Fee, Certified Copy Certified Copy				

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	E WITH SECTION 607.1503, FLORIDA STA REIGN CORPORATION TO TRANSACT BU		
1. Super	Food Services, Inc.	(COMPANY " "CORPORATION"	
"Inc.," "Co.," "C	corporation; must include "INCORPORATED," 'Corp," "Inc," "Co;" or "Corp.")	COMPANY, CORPORATION,	
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting busin	ess in Florida)
2. Delaula	re	36.2407,235	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
4. 4.29.	5. 4	expetual Duration: Year corp. will cease to exist of	**************************************
,	e of incorporation) (i	Duration: Year corp. will cease to exist of	perpetuai j
6	(Date first transacted business in F (SEE SECTIONS 607,1501 & 607,1502		
7/000	France Avenue South	Edica MAN 55	135
1. 7000	(Principal office addres	s)	
		······································	
	(Current mailing addres	s)	١
8. Wholes	ale govery and rela	ited product(s) dis	stribition
(Purpose(s	of corporation authorized in home state or coun	try to be carried out in state of Florida)	13 SE
9. Name and street	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	CAH DEC
Name:	Corporation Service Company		- XSX - 5
Office Address:	1201 Hays Street	· ·	
	Tallahassee	, Florida 32301	LOS SE
	(City)	(Żip code)	29 ATE ANDA
Having been nam designated in this further agree to co and I am familiar	gent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes rela with and accept the obligations of my posite Corporation Service Company	nt as registered agent and agree to active to the proper and complete perfo	t in this capacity. I
	By: Au A Dur (Registered agent's signature)		
·	(Registered agent's signature)	Karin L. Dunn, Assistant V	P
11. Attached is a	certificate of existence duly authenticated, no	t more than 90 days prior to delivery of	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: South Director: **B. OFFICERS** Edina MN Address: Treasurer: Edina MN South NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. M. Mahney VV Secretary & Director (Typed or printed name and capacity of person signing application) iathleen

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUPER FOOD SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF NOVEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUPER FOOD SERVICES, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF APRIL, A.D. 1957.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



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AUTHENTICATION: 9965941

DATE: 11-06-12 121199774

PAGE 1