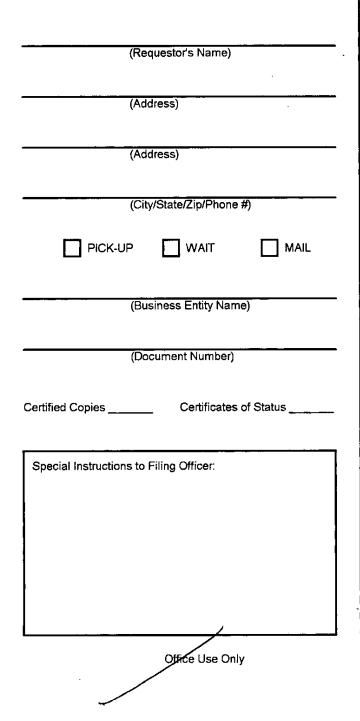
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COVER LETTER

TO: New Filing Section Division of Corporations						
SUBJECT: Perfection Bakeries 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:						
Judy A. Bobilya-Feher Name of Person						
Perfection Bakeries Inc. Firm/Company						
Firm/Company						
350 Pearl Street						
Address						
Fort Wayne, IN 46802 City/State and Zip code						
City/State and Zip code						
JBobilya - Feher@ aunt millies. com E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Judy Bobilya-Feher at (260) 422-5631, x 250 Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clother Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section 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 & Certificate of Status Certified Copy \$878.75 Filing Fee, Certificate of Status & Certified Copy						

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO DEGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.							
Perfection Bakeries, Inc.							
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Aun+ Millie's Bakeries							
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)							
2. Indiana 3. 35-0577170 (State or country under the law of which it is incorporated) (FEI number, if applicable)							
(State or country under the law of which it is incorporated) (FEI number, if applicable)							
4. March 34, 1903 (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")							
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")							
5. January 7, 2013							
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability)							
7. 330 rearl street, fort wayne, 210 90000							
7. 350 Pearl Street, Fort Wayne, IN 46802 (Principal office address) Same as above (Current mailing address)							
(Current mailing address)							
8. Solicitation of new accounts to sell baked goods. (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: NRAI Services, Inc.							
Office Address: SIS East Park Avenue							
Office Address: SIS East Park Avenue Tallahassee , Florida 32301 (City) (Zip code)							
(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	n p						

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.

(Registered agent's signature)

ASSI: 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: A. DIRECTORS Chairman: John F. Popp Address: 350 Paarl Street Fort Wayne, IN 46802 Vice Chairman: Director: Chris PORP Director: Bohn POPP Address: Sane as above **B. OFFICERS** President: John F. POPP Address: Same as above Vice President: Chris Popp, Bohn Popp Asst. Secretary: Judy A. Bobilya - Fehen Address: _ Same as above Treasurer: Jay E. Miller Address: Same as above NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

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 or 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. 14. Judy A. Bobilya-Feher, VP of Finance/Asst-Secretary
(Typed or printed name and capacity of person signing application)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

T_{Ω}	Whom	These	Presents	Come	Greetings:
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I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the state of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

PERFECTION BAKERIES, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 24, 1903, and was in existence or authorized to transact business in the State of Indiana on February 05, 2013.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fifth Day of February, 2013.

Connie Lawson, Secretary of State

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