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COVER LETTER

| TO: New Filing Section Division of Corporations | | | |
|--|------------------|---|--|
| SUBJECT: Papa Murphy's | Compar | ny Stores, Inc. | |
| | | - must include suffix | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by Foreign C "Certificate of Existence," or "Certificat above referenced foreign corporation to | e of Good Star | nding" and check are sub | The state of the s |
| Please return all correspondence concern Cathy Berry | ning this matter | r to the following: | |
| Calify Delify | Name of | Person | |
| Papa Murphy's Compar | | , | : |
| | Firm/Com | · | - |
| 8000 NE Parkway Drive | e, Suite 3 | 550 | |
| | Addre | | |
| Vancouver, WA 98662 | | | |
| | City/State a | nd Zip code | |
| cathy.berry@papamurphy | s.com | | |
| E-mail addres | s: (to be used t | for future annual report i | notification) |
| For further information concerning this i | natter, please o | call: | |
| Cathy Berry | at (360 | , 449-4027 | |
| Name of Person | | Code & Daytime Teleph | one Number |
| | | · · · · · · · · · · · · · · · · · · | |
| STREET/COURIER ADDRESS New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | SS: | MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F | ection orporations 7 |
| Enclosed is a check for the following am | ount: | | |
| ■ \$70.00 Filing Fee □ \$78.75 Filin Certificate | | \$78.75 Filing Fee & Certified Copy | □ \$87.50 Filing Fee, Certificate of Status & |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| Papa Mu | rphy's Company Stores, I | nc. | 7. | 4 OC1 |
|------------------------------------|---|---|-------------|--------------|
| (Enter name of c | orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.") | | TO SECTION | T-2 PM 3 |
| (If name unavail | able in Florida, enter alternate corporate name | adopted for the purpose of transacting business | in Florida) | 0.3 |
| _{2.} Washing | ton 3. | 94-3354204 | E. | _ |
| *** | y under the law of which it is incorporated) | (FEI number, if applicable) | | _ |
| 12/28/19 | 9 9 | PERPETUAL | | |
| (Date | of incorporation) | (Duration: Year corp. will cease to exist or "p | erpetual") | _ |
| 6. N/A | | | | _ |
| 9000 NE D | (SEE SECTIONS 607.1501 & 607.1 | n Florida, if prior to registration) 502, F.S., to determine penalty liability) | | |
| _ QUUU INE F | arkway Drive, Suite 350, var | icouver, WA 98662 | | |
| 7 | arkway Drive, Suite 350, Var | | | - |
| | (Principal office add | iress) | | - |
| | | ress) ncouver, WA 98662 | | _ |
| 8000 NE F | (Principal office add arkway Drive, Suite 350, Var | dress) ncouver, WA 98662 dress) | | - |
| 8000 NE F | (Principal office add Parkway Drive, Suite 350, Var (Current mailing add | O. Box NOT acceptable) | | - |
| 8000 NE F | (Principal office addrarkway Drive, Suite 350, Var (Current mailing address of Florida registered agent: (P. | O. Box NOT acceptable) | | - |
| 8000 NE F 8. Name and stre Name: | (Principal office addrarkway Drive, Suite 350, Var (Current mailing address of Florida registered agent: (P. Corporation Service Comp | O. Box NOT acceptable) | | - |

9. 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.

Corporation Service Company

Krista Swenson, Assistant Vice President

(Registered agent's signature)

10. 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.

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

| | ECTORS | | | |
|------------|--|-------------------|-------------|---------|
| Chairman | John D. Barr | | | |
| Address: | 8000 NE Parkway Drive, Suite 350, Vancouver, WA 98662 | | | |
| | | 30 CA | 14 | |
| Vice Chai | _{rman:} n/a | | 001 | : 1 |
| | | (0) (0) (1) | 2-2 | Parker. |
| | | 7 | 유 | m |
| Director: | Ken Calwell | (現) | ပ္ပဲ့ | T. |
| Address: | 8000 NE Parkway Drive, Suite 350, Vancouver, WA 98662 | स्केट्टा इ.स | | |
| | Yoo Jin Kim | | | |
| | 650 Madison Avenue, New York, NY 10022 | | | |
| | | | · . | |
| B. OFFI | | | | |
| President: | Ken Calwell | | | |
| Address: | 8000 NE Parkway Drive, Suite 350, Vancouver, WA 98662 | <u>_</u> | | |
| Vice Presi | dent: n/a | | | |
| Address: | | | | |
| | | | | |
| Secretary: | Victoria T. Blackwell | | | |
| Address: | 8000 NE Parkway Drive, Suite 350, Vancouver, WA 98662 | . <u></u> | | |
| Treasurer: | n/a | | | |
| Address: | | | | |
| NOTE: | If necessary, you may attach an addendum to the application listing additional officers and/or | r directo | ors. | |
| 12./ | Signature of Director or Officer | | | |
| are true a | er or director signing this document (and who is listed in number 12 above) affirms that the find that he or she is aware that false information submitted in a document to the Department of gree felony as provided for in s.817.155, F.S. | | | |

Victoria T. Blackwell, Secretary

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

Papa Murphy's Company Stores, Inc.

Attachment to Application by Foreign Corporation for Authorization to Transact Business in Florida

11. Name and business addresses of officers and/or directors:

A. Directors

| Title | Name | Address |
|----------|---------------------|--|
| Director | John D. Shafer, Jr. | 4 Raynor Drive, Hingham, MA 02043 |
| Director | Thomas H. Lee | 650 Madison Avenue, New York, NY 10022 |
| Director | Benjamin Hochberg | 650 Madison Avenue, New York, NY 10022 |
| Director | Achi Yaffe | 650 Madison Avenue, New York, NY 10022 |

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Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its sea thereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION
OF
PAPA MURPHY'S COMPANY STORES, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 12/28/1999.

I FURTHER CERTIFY that as of the date of this certificate, PAPA MURPHY'S COMPANY STORES, INC. remains active and has complied with the filing requirements of this office.

Date: September 16, 2014

UBI: 602-001-747

STATE OF WASHINGTON 1889 NOT IN 1889

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(HANGERIA)

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

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Kim Wyman, Secretary of State