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(Re	equestor's Name)	
(Ad	ddress)	
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(C	ity/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 552709 4353856

AUTHORIZATION

COST LIMIT : C\$ \7.00.00

ORDER DATE : March 18, 2015

ORDER TIME : 12:01 PM

ORDER NO. : 552709-010

CUSTOMER NO: 4353856

FOREIGN FILINGS

NAME: CONAGRA GROCERY HOLDINGS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: CONAGRA GROCERY HOLDINGS, INC.	
Name of corporation - 1	nust include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence," or "Certificate of Good Standination above referenced foreign corporation to transact business	ng" and check are submitted to register the
Please return all correspondence concerning this matter to	the following:
JILL GROB	
Name of Pe	rson
CONAGRA FOODS, INC.	
Firm/Compa	пу
ELEVEN CONAGRA DRIVE, 11-260	
Address	
OMAHA, NE 68102	
City/State and	Zip code
Jill.grob@conagrafoods.com	
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call	:
JILL GROB at ()	240-4553
Name of Person Area Co	de & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	C78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

CONAGRA GR	OCERY HOLDINGS, INC.		高
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	18 HH 8: L
If name unavaila	ble in Florida, enter alternate corporate name ac	lopted for the purpose of transacting busines	ss in Florida)
DELAWARE		47-3387461	~; >
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
3/10/2015	5.	PERPETUAL	
(Date		(Duration: Year corp. will cease to exist or	"perpetual")
	(Data fines and business in	Placide if prior to registration	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		
ONE CONACE	•		
DIVE CONVIGIO	ADRIVE/OMAHA, NE 68102		
	(Principal office addre	ess)	
		ess)	
	(Principal office addre		
	(Principal office addre		
ELEVEN CONA	(Principal office addre	ess)	
ELEVEN CONA	(Principal office addre AGRA DRIVE, 11-260/OMAHA, NE 68102 (Current mailing addre	ess) . Box <u>NOT</u> acceptable)	
ELEVEN CONA Name and stree Name:	(Principal office address of Florida registered agent: (P.O The Prentice-Hall Corporation System, In	ess) . Box <u>NOT</u> acceptable)	
ELEVEN CONA Name and stree Name:	(Principal office address of Florida registered agent: (P.O.) The Prentice-Hall Corporation System, I:	ess) Box <u>NOT</u> acceptable) nc.	
ELEVEN CONA Name and stree Name:	(Principal office address of Florida registered agent: (P.O The Prentice-Hall Corporation System, In	Box NOT acceptable) nc	
ELEVEN CONA Name and stree Name:	(Principal office address of Florida registered agent: (P.O.) The Prentice-Hall Corporation System, I:	ess) Box NOT acceptable) nc. 32301	
Name and stree Name:	(Principal office address of Florida registered agent: (P.O. The Prentice-Hall Corporation System, It 1201 Hays Street Tallahassee (City)	Box NOT acceptable) nc	
Name and stree Name: ffice Address: Registered ag	(Principal office address of Plorida registered agent: (P.O. The Prentice-Hall Corporation System, It 1201 Hays Street Tallahassee (City) ent's acceptance: and as registered agent and to accept service.	Box NOT acceptable) nc, Florida 32301, Florida (Zip code) ce of process for the above stated corpo	oration at the p
Name and stree Name: Name: Registered againg been namesignated in this	(Principal office address of Plorida registered agent: (P.O. The Prentice-Hall Corporation System, It 1201 Hays Street Tallahassee (City) ent's acceptance: and as registered agent and to accept service application, I hereby accept the appointm	Box NOT acceptable) nc. 32301 (Zip code) ce of process for the above stated corporate as registered agent and agree to accept a series of the series of	ct in this capac
Name and street Name: Name: Registered agaving been names as ignated in this arther agree to contact the street agarther agree to contact the street agree the street agree to contact the street agree to contact the street agree to contact the street agree the street agreet agreet agreet agreet	(Principal office address of Plorida registered agent: (P.O The Prentice-Hall Corporation System, It 1201 Hays Street Tallahassee (City) ent's acceptance: agent and to accept services application, I hereby accept the appointment of the provisions of all statutes recognitions.	Box NOT acceptable) nc. 32301 (Zip code) ce of process for the above stated corponent as registered agent and agree to acceptative to the proper and complete perfe	ct in this capac
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Name and street Name: Name: Registered ag aving been namesignated in this	(Principal office address of Plorida registered agent: (P.O The Prentice-Hall Corporation System, It 1201 Hays Street Tallahassee (City) ent's acceptance: agent and to accept services application, I hereby accept the appointment of the provisions of all statutes recognitions.	Ess) Box NOT acceptable) nc. 32301 (Zip code) ce of process for the above stated corponent as registered agent and agree to acceptative to the proper and complete performy position as registered agent. Inc.	ct in this capac

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 officer	s and/or	directors:
	1 1411100	CHAIL!	043111033	auuicaaca	OI WILLEI	SAMONER	mechan

A. DIRECTORS Chairman: 云 Address: Vice Chairman: ___ Address: _ LEO A. KNOWLES Director: ONE CONAGRA DRIVE Address: OMAHA, NE 68102 Director: Address: _ **B. OFFICERS** LEO A. KNOWLES President: ONE CONAGRA DRIVE Address: **OMAHA, NE 68102** Vice President: JOAN MENKE FIVE CONAGRA DRIVE Address: **OMAHA, NE 68102** LEO A. KNOWLES Secretary: ONE CONAGRA DRIVE/OMAHA, NE 68102 Address: MIKE TRACY Treasurer: NINE CONAGRA DRIVE/OMAHA, NE 68102

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

to stile

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.

13. LEO A. KNOWLES PRESIDENT, CORP SECRETARY & DIRECTOR

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF CONDENSATE OF THE STATE OF CHARACTERS 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 EIGHTEENTH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONAGRA GROCERY HOLDINGS, INC." WAS INCORPORATED ON THE TENTH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5707283 8300

150373763

Jeffrey W Bullock, Secretary of State

AUTHENTY CATION: 2210443

DATE: 03-18-15

You may verify this certificate online at corp.delaware.gov/authver.shtml