F16 00000 2348

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					





800284982878

04/25/16--01039--016 **78.75



MAY 24 2016 J SHIVERS





FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2016

JOHNNA BAIRD PO BOX 6115 TEMPLE, TX 76504

SUBJECT: MCLANE BEVERAGE HOLDING, INC.

Ref. Number: W16000031044

We have received your document for MCLANE BEVERAGE HOLDING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1700.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

www.sunbiz.org

Letter Number: 816A00008678

COVER LETTER

_	ation Section of Corporations		
SUBJECT:	McLane Beverage Holding, Inc).	
	Name of c	corporation - must	include suffix
Dear Sir or Ma	dam:		
"Certificate of		Good Standing" a	zation to Transact Business in Florida," nd check are submitted to register the orida.
Please return al	l correspondence concerning	this matter to the f	following:
Johnna Baird			
		Name of Person	
McLane Bevera	age Holding, Inc.		
•		Firm/Company	
Attn: Tax Depa	ertment, PO Box 6115		
		Address	
Temple, TX 76	504		
	C	ity/State and Zip c	ode
johnna.baird@r			
	E-mail address: (to	o be used for futur	e annual report notification)
For further info	rmation concerning this matte	er, please call:	
Johnna Baird	of Person at (-3614
name (of Person	Area Code	Daytime Telephone Number
	•		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a ch	neck for the following amount	t:	
□ \$70.00 Filin	g Fee		5 Filing Fee & S87.50 Filing Fee, ed Copy Certificate of Status &

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.

1.	age Holding, Inc.		
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATIO!	۷,"
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transactir	ng business in Florida)
Texas	3,	35-2343540	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
07/24/2008	5.	Perpetual	
(Date	of incorporation)	(Date of duration, if other	than perpetual)
05/01/2016			
7_ 4747 McLane I	(SEE SECTIONS 607.1501 & 607.1 Parkway, Temple, TX 76503-6115		ity)
	(Principal office address)		
Attn: Tax Department, PO Box 6115, Temple, TX 76503-6115			
	(Current mailin	ng address, if different)	17 23 25 (25)
			1 w
. Name and stree	t address of Florida registered agent: (P.O	D. Box <u>NOT</u> acceptable)	
. Name and stree	t address of Florida registered agent: (P.6 CT Corporation System	D. Box <u>NOT</u> acceptable)	AH 7:
Name:	,	D. Box <u>NOT</u> acceptable)	AH 7: 42 STLONDS
,	CT Corporation System	O. Box <u>NOT</u> acceptable) , Florida 33324	7:4

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.

(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: **SEE ATTACHED LIST** A. DIRECTORS Chairman: Address: Vice Chairman: Address: ___ Director: _ Address: Address: **B. OFFICERS** Vice President: Address: Secretary: __ Treasurer: Address: 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 11 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. LAWRENCE M. PARSONS Senior Vice President, Cerual Counsel +
(Typed or printed name and capacity of person signing application) Secretary

McLane Beverage Holding, Inc. FEIN: 35-2343540

FEIN: 35-2343540 State of Florida

Schedule of Corporate Officers

<u>NAME</u>	<u>TITLE</u>	BUSINESS ADDRESS
OFFICERS		
William G. Rosier Mike Youngblood James L. Kent Larry M. Parsons Kevin J. Koch	Chief Executive Officer President Executive Vice President Secretary Treasurer	4747 McLane Parkway, Temple, TX 76504 4747 McLane Parkway, Temple, TX 76504
DIRECTORS		
William G. Rosier James L. Kent Mike Youngblood	Director Director Director	4747 McLane Parkway, Temple, TX 76504 4747 McLane Parkway, Temple, TX 76504 4747 McLane Parkway, Temple, TX 76504



Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

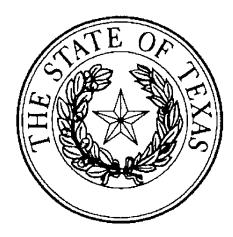
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for McLane Beverage Holding, Inc. (file number 801008353), a Domestic For-Profit Corporation, was filed in this office on July 24, 2008.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 18, 2016.



Phone: (512) 463-5555

Prepared by: Hermalinda Aros

Carlos H. Cascos

Carlos H. Cascos Secretary of State

Fax: (512) 463-5709 TID: 10264