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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

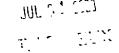
Email Address:\_\_

FOREIGN PROFIT/NONPROFIT CORPORATION SUPERVALU Wholesale Operations, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
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## 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.

	Wholesale Operations, Inc.		<del></del>
(Enter name of co	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,	•
Of name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)
2. Delaware	3.	83-0559843 (FEI number, if app	11 and 1 a
(State or countr	y under the law of which it is incorporated)	(FEI number, if app	neable)
4. 05/15/2018	5.	Perpetual	
(Date	of incorporation)	(Date of duration, if other the	han perpetual)
6. Upon Qualificat	ion		
V	(Date first transacted business i	n Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty habilit	y')
7 11840 Valley Vie	w Road, Eden Prairie, MN 55344		
· ·	(Princi	pal office address)	
same			<b>T</b>
Same	(Current mail	ng address, if different)	E EE
	·		
S. Name and stree	et address of Florida registered agent: (P.)	) Box NOT accentable)	Fig. 1. C
o. Nume and stree	radiress of Fioritia registered agent. (1.3	5. Box 1.01 acceptable,	
Name:	C T Corporation System	. <u></u>	. )
C) CC	1200 Court Blan Island Bood		THE THE PARTY
Office Address:	1200 South Pine Island Road		اردا العمالية العمالية
	Plantation	, Florida <u>33324</u>	•
	(City)	(Zip code)	
9. Registered age		in a francisc for the above states	Learnaration at the n
traving been nam designated in this	ed as registered agent and to accept servential and to accept servential annoing	ment as revistered avent and avro	ee to act in this capac
	application, I bereby accept the appoint omply with the provisions of all statutes		te performance of my

lace iη. duties, and I am familiar wifh and accept the obligations of my position as registered agent.

Peter F. Souza, Assistant Secretary (Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdictic under the law of which it is incorporated.

DocuSign Envelope ID: 8BD632AC-5CB2-45A2-992F-7923A244BB83

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

A. DIRECTORS SEE ATTACHMENT
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS SEE ATTACHMENT
President: Jill E. Sutton
Address: 313 Iron Horse Way
Providence, RI 02908
Vice President: Eric A. Dome
Address: 313 Iron Horse Way
Providence, RI 02908
Secretary: Jill E. Sutton
Address: 313 Iron Horse Way, Providence, RI 02908
Treasurer: Devon J. Hart
Address: 500 E. Baybrook Court, Suite 100, Boise, ID 83706
NOTE: Pipileressary, 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 constitute a third degree felony as provided for in s.817.155, F.S.

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

Though 03 to 1015 C.T. Palme Manager Only

13. Jill E. Sutton, President

## Attachment to Florida Officers & Directors

1 Full Name: John W. Howard Officer/Director: Officer, Director

Officer's Title: CFO
Director's Title: Director

Business Address: 11840 Valley View Road

City: Eden Prairie

State: MN
ZIP Code: 55344

Full Name: Jill E. Sutton
Officer/Director: Officer, Director
Officer's Title: President

Officer's Title: President
Director's Title: Director

Business Address: 313 Iron Horse Way

City: Providence

State: RI ZIP Code: 02908

3 Full Name: Eric A. Dorne
Officer/Director: Officer, Director
Officer's Title: Vice President

Director's Title: Director

Business Address: 313 Iron Horse Way

City: Providence

State: RI ZIP Code: 02908 10. Page 0 0 0



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SUPERVALU WHOLESALE OPERATIONS, 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 TWENTY-SEVENTH DAY OF JULY,

A.D. 2020.

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

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

6886996 8300 SR# 20206415782

Authentication: 203349975

Date: 07-27-20