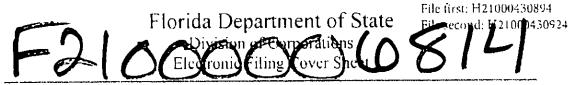
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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

Please keep original file date of 11/22/2021.

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

Phone 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:			
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Whole Foods Market IP, Inc.

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K. Brumbley

## 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. WHOLE FOODS MARKET IP, INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.." "Co.," "Corp." "Inc." "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable) 09/22/1999 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 550 BOWIE ST, AUSTIN, TX 78703 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation, 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. C T Corporation System by Kaity Toon, Asst. Secretary By:

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.

(Registered agent's signature)

2021-12-01 10:09:07 CST

DocuSign Envelope ID: 30DCA951-932D-4700-B350-2F9E02DE5208

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

A. DIRI	ECTORS	
Chairman		-
Address:		-
Vice Chai	rman;	-
Address		-
	Jay Warren	-
Director:	550 Bowie Street	_
Address:		
Director		
		_
		_
B. OFF	ICERS	
President	Heather Stern	_
Address:	550 Bowie Street	3
	Austin, Texas 78703	1
Vice Pres	ident:	_
Address:		_
		_
Secretary		3
Address:	550 Bowie Street Austin. Texas 78703	3
Treasurer		_
Address		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
12	Signature of Director or Officer	_
The officare true:	cer or director signing this document (and who is fisted in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes egree felony as provided for in s.817.155, F.S.	
13	Jay Warren, Director	_
	(Typed or printed name and capacity of person signing application)	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WHOLE FOODS MARKET IP, 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-SECOND DAY OF NOVEMBER, A.D. 2021.

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.

Authentication: 204762462

Date: 11-22-21