F2400000 1443

(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:				

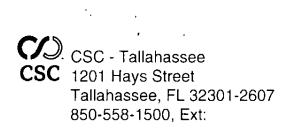
Office Use Only



700424365127

MAR 1 4 2024 K. Brumbley





To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 03/14/24 Order #: 1447637-1

Re: Lamb-Weston/Midwest, Inc. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

Certificate of Good Standing from State of Incorporation AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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.

Washington (State or country)	3.	91° ()00 () 22	
(State of Country	y under the law of which it is incorporated)	91-1568922 (FEI number, if applicable)	
09/10/1992	• •	, , , , , ,	
	of incorporation) 5.	(Date of duration, if other than perp	
May 29, 2023	or meorporation)	(izate of date ton, it office mail perp	cruary
99 S. Rivershore		r. Florida, if prior to registration) 502, F.S., to determine penalty liability)	
	(Principal off	ice street address)	
same as above			
Name and <u>stree</u>	(Current mailir t address of Florida registered agent: (P.C	ng address, if different) O. Box <u>NOT</u> acceptable)	ZOZYHAR I P
Name:	Corporation Service Company		<u> </u>
ice Address:	1201 Hays Street		<u> </u>
	Tallahassee	, Florida	≒ ; 2
	(City)	(Zip code)	
ving been name ignated in this ther agree to co	application, I hereby accept the appoints	ice of process for the above stated corpore ment as registered agent and ugree to uct relative to the proper and complete perfor osition as registered agent.	in this capaci

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS					
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address: 599 S. Rivershore Lane		
Director	Eagle, Idaho 83616	□Director	Eagle, Idaho 83616		
President		□President			
□Vice President		■Vice President			
Secretary	■ Treasurer	Secretary	□Treasurer		
□Other	Other	□Other	Other		
□Chairman □Vice Chairman	Name: Eryk J. Spytek Name: 599 S. Rivershore Lane	□Chairman □Vice Chairman	Name:		
Director	Eagle, Idaho 83616	□Director	Eagle, Idaho 83616		
□President		□President			
■ Vice President		■Vice President			
Secretary	□Treasurer	☐ Secretary	□Treasurer		
Other	Other	Other	Other		
□Chairman □Vice Chairman ■Director	Name:	□Chairman □Vice Chairman □Director	Name:		
□President		□President			
■Vice President		□Vice President			
☐ Secretary	☐ Treasurer	Secretary	☐Treasurer		
□Other	Other	Other	Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index with filing your Florigit Department of State Annual Report form. 12. 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. Eryk J. Spytek, Secretary and Vice President, Director					
s.817.155, F.S.	·	ent of State constitu	tes a triffic degree reiony as provided for in		

Secretary of State

1, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

LAMB WESTON/MIDWEST, INC.

1 CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 09/10/1992.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 03/13/2024 UBI Number: 601 412 471

R Hollie



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

Steve R. Hobbs, Secretary of State

Date Issued: 03/13/2024