M0400003062

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

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ACCOUNT	NO.	:	0721	000	00032	2

REFERENCE : 824583

5167843

AUTHORIZATION :

COST LIMIT : \$ 12!

Pint

ORDER DATE: July 28, 2004

ORDER TIME : 3:51 PM

ORDER NO. : 824583-025

CUSTOMER NO: 5167843

CUSTOMER: Ms Monica Epps

Flowers Foods, Inc. 1919 Flowers Circle

Thomasville, GA 31757

FOREIGN FILINGS

NAME: FLOWERS FOODS SPECIALTY SALES,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER:



TE BM 2

July 29, 2004

SUSIE KNIGHT CSC TALLAHASSEE, FL

SUBJECT: FLOWERS FOODS SPECIALTY SALES, LLC

Ref. Number: W04000029011

We have received your document for FLOWERS FOODS SPECIALTY SALES, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

Please list the NAMES of the MANAGING MEMBERS or MANAGERS in Item 9.,

Please return 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) 245-6914.

Buck Kohr Document Specialist

Letter Number: 704A00047597

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER AFOREIG LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ecialty Sales, LLC		Lilla Common
	(Name of Foreign L	imited Lia	ibility Company)
eorgia		3.	20-1409090
urisdiction under the la ompany is organized)	w of which foreign limited li	ability	(FEI number, if applicable)
07/07/04		5.	Perpetual
(Date of C	Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")
Upon qualific	cation (Date first transacted busine	ess in Flori	ida, if prior to registration.)
•	(See sections 608.501 & 608.	.502 F.S. t	o determine penalty liability)
	191	9 Flowe	rs Circle
			, GA 31757
	(Street.	Address of	Principal Office)
Stephanie B. Ti	llman 1919 Flower	rs Circ	le Thomasville, GA 31757
jurisdiction under the lav		photocopy	lys old, duly authenticated by the official having custody of recording the control of the contr
. Nature of business	s or purposes to be condu	icted or j	promoted in Florida:
Sale of fresh	and frozen bakery p	roducts	
	(In accordance with section 608.	.408(3), F.S	norized representative of a member.
			y that the facts stated herein are true.)
	Steph	anie B.	y that the facts stated herein are true.) Tillman name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name o	of the Limited Liability Company is:
Flowers Foo	ods Specialty Sales, LLC
2. The name a	nd the Florida street address of the registered agent and office are:
	Corporation Service Company
	(Name)
	1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Tallahassee FL 32301 City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

By:
(Signature)

Cynthia L. Harris

as its agent

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 CONTROL NUMBER : 0441537
DATE INC/AUTH/FILED: 07/07/2004
JURISDICTION : GEORGIA
PRINT DATE : 07/28/2004
FORM NUMBER : 211

CORPORATION SERVICE COMPANY LYNETTE COLEMAN 1201 HAYS STREET TALLAHASSEE, FL 32301

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

FLOWERS FOODS SPECIALTY SALES, LLC A GEORGIA LIMITED LIABILITY COMPANY

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20040728152815272



Cathy Cox Secretary of State