# M0800000 2944

(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



600130889396

LUID TAWN OF ST ALLAHASSEE, FLO

FILED

HOT RECEIPED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

DEFARTMENT OF STATE CORPORATION

B. KOHR
JUN 2 3 2008
EXAMINER



ON SERVICE COMPANY				
ACCOUNT NO.	. :	072100000	0032	
REFERENCE	: E	618021	4353856	
AUTHORIZATION	1:			foreda.
COST LIMIT	· :	\$ 125.00	Signific	The state of the s
ORDER DATE : June 19, 2008				20 H
ORDER TIME : 2:43 PM				AH 8: 33
ORDER NO. : 618021-320				NOA TO
CUSTOMER NO: 4353856				
	. – – –			
FOREIGN	FILI	<u>NGS</u>		
NAME: GAVILON, LLC	1			
XXXX QUALIFICATION (TYPE:	<u>LL</u> )			
PLEASE RETURN THE FOLLOWING A	S PR	OOF OF FIL	ING:	
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD S	TAND	ING		
CONTACT PERSON: Jeanine Reyn	olds	EXT# 2	933	

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BY SINESS IN THE STATE OF FLORIDA:

1. Gavilon, LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company)	y Company,""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting bus consent of the managers or managing members adopting the alternate name. The alter Company," "L.L.C.," "LLC.")	
2. Delaware 3. 47-0794813	-
(Jurisdiction under the law of which foreign limited liability (Fit company is organized)	I number, if applicable)
4. 12/29/1995 ; 5. perpetual	70 8 L
	limited liability company will be ase to
6. upon filing	limited liability company wilt cease to 2
(Date first transacted business in Florida, if prior to regis (See sections 608.501 & 608.502 F.S. to determine penalty	tration.)
One ConAgra Drive, 1-237/Omaha, NE 68102	viliability)
(	5
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check	hara 🗔
o. 11 minted habitity company is a manager-managed company, check	nere [_]
9. The name and usual business addresses of the managing members of	managers are as follows:
Freebird I, LLC	
One ConAgra Drive, 1-237/Omaha, NE 68102	
; ; 	
10. Attached is an original certificate of existence, no more than 90 days old, duly authoriting the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If translation of the certificate under oath of the translator must be submitted.)	• • •
11. Nature of business or purposes to be conducted or promoted in Flor	ida:
Commodity trading and merchandising operations	
RNA	
Signature of a member or an authorized represent	ative of a member.
(In accordance with section 608.408(3), F.S., the execution of this an affirmation under the penalties of the ANNIAN Section 1.1.	document constitutes
Typed or printed 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 Gavilon,	of the Limited Liability Com LLC	pany is:		
If name unav	railable, the alternate name to	be used in the state	of Florida is:	
2. The name	and the Florida street address	of the registered a	gent and office are:	-
	The Prentice-Hall Cor	poration System	, Inc.	
	•	(Name)	**************************************	
	1201 Hays Street			
	Florida Street Ad	Idress (P.O. Box NOT	ACCEPTABLE)	
	Tallahassee	FL 323	301	
		City/State/Zip		
liability composite agent and agriculture to the obligations of	any at the place designated in ree to act in this capacity. I fur re proper and complete perform	this certificate, I her ther agree to comply ance of my duties, an at as provided for in	f process for the above stated limited reby accept the appointment as registly with the provisions of all statutes and I am familiar with and accept the Chapter 608, Florida Statutes.	ered

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

## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GAVILON, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JUNE, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GAVILON, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 1995.

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

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

2577845 8300

080713148

AUTHENTICATION: 6675670

DATE: 06-20-08

Harriet Smith Windsor, Secretary of State

You may verify this certificate onli at corp.delaware.gov/authver.shtml