

MB9000001596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

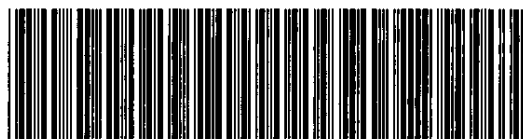
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/11/17--01007--019 \*\*25.00

FILED  
17 MAY -8 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 APR 10 AM 10:42  
TALLAHASSEE, FLORIDA

D. SCOTT  
MAY 10 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 13, 2017

SUSAN LAPINSKI  
411 E WISCONSIN AVE  
STE 2350  
MILWAUKEE, WI 53202

SUBJECT: JOHNSONVILLE SAUSAGE, LLC  
Ref. Number: M09000001596

We have received your document for JOHNSONVILLE SAUSAGE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 917A00007158

RECEIVED  
2017 MAY -8 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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17 MAY -8 PM 3:24  
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TALLAHASSEE, FLORIDA



411 East Wisconsin Avenue  
Suite 2350  
Milwaukee, Wisconsin 53202-4426  
414.277.5000  
Fax 414.271.3552  
www.quarles.com

Attorneys at Law in  
Chicago  
Indianapolis  
Madison  
Milwaukee  
Naples  
Phoenix  
Tampa  
Tucson  
Washington, D.C.

Writer's Direct Dial: 414.277.5189  
E-Mail: susan.lapinski@quarles.com

May 2, 2017

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Ms. Dionne M. Pijaux, Regulatory Specialist

RE: Johnsonville Sausage, LLC – Name change to “Johnsonville, LLC”

Dear Ms. Pijaux:

I am writing in response to your letter dated April 13, 2017 (copy enclosed). Please refer to the instructions for filing which call for a certificate "evidencing the amendment" dated within the past 90 days (see highlight on enclosed instructions). However, as requested in your letter, I am also including a good standing certificate from the State of Delaware.

Therefore, resubmitted herewith for filing are the following documents:

1. Transmittal cover page.
2. Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority.
3. Certificate regarding name change AND certificate of good standing issued by the Delaware Secretary of State.

As indicated in your letter, the \$25 filing fee has already been paid. Please return confirmation of filing to me. Thank you for your assistance.

Very truly yours,

Susan T. Lapinski  
Corporate Paralegal

FILED  
MAY - 8 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosures  
510147.00009

QB\45515692.1

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Johnsonville Sausage, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Lapinski

Name of Person

Quarles & Brady LLP

Firm/Company

411 E Wisconsin Ave Ste 2350

Address

Milwaukee, WI 53202

City/State and Zip Code

susan.lapinski@quarles.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Lapinski

Name of Person

at ( 414 ) 277-5189

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

### Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

FILED  
MAY - 8 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Johnsonville Sausage, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M09000001596

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: April 29, 2009

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Johnsonville, LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MAY - 8 PM 3:28  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

9. Attached is a certificate, if required, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Nathan Ganfield, Secretary

Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "JOHNSONVILLE, 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 SECOND DAY OF MAY, A.D. 2017.

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

FILED  
MAY - 8 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



3160852 8300

SR# 20173005500

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202471604

Date: 05-02-17