# 1109000004668

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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J. BRYAN

DEC - 1 2009

**EXAMINER** 

#### CUNI, FERGUSON, & LEVAY CO., L.P.A.

ATTORNEYS AT LAW 10655 SPRINGFIELD PIKE CINCINNATI, OHIO 45215-1120

THOMAS L. CUNI
AMY SCHOTT FERGUSON\*
HELEN FANZ LeVAY
MARK A. WILDER \*
M. MEHRIN DOOLIN \*
LISA M. CONN\*\*

\* Also Admitted in Kentucky

\*\*Also Admitted in California

TELEPHONE (513) 771-6768 FAX (513) 771-6781

November 19, 2009

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

Re: Southern Liquid Specialties, LLC.

Dear Mr. Browning:

I have enclosed the following:

- 1. Cover Letter
- 2. Application By Foreign Limited Liability Company For Authorization To Transact Business In Florida
- 3. Certificate of Designation of Registered Agent/Registered Office
- 4. Check in the amount of One Hundred Twenty-Five (\$125.00)
- 5. Certificate of Good Standing from the Ohio Secretary of State

Please file for the above limited liability company and return a time-stamped copy in the enclosed self-addressed envelope. If you have any questions please feel free to contact me.

Very truly yours,

Thomas L. Cuni

TLC:ao

Enclosures

#### **COVER LETTER**

TO:

Registration Section

Divisio	on of Corporations			
SUBJECT:	. Southern L	iquid Specialties, LLC.		
		e of Limited Liability Company		
The enclosed "A Existence, and o	Application by Foreign Limited Liabi check are submitted to register the ab	lity Company for Authorization to Trove referenced foreign limited liabilit	ansact Business in Florida," Certificate of y company to transact business in Florida	
Please return all	correspondence concerning this mat	ter to the following:		
		William C. Baker		
		Name of Person		
	Flavor	Systems International, Inc.	FILED  09 NOV 30 PM 2: 56  SEGRETARY OF STATE TALLAHASSEE, FLORID	
		•	N 30 HASS	
		6800 Ridge Road  Address		
	_		2: 5 FLOR	
	Cincinnati, Ohio 45213			
		City/State and Zip Code	च	
		TCuni@cfl-law.com		
	E-mail address: (to	be used for future annual report not	fication)	
For further info	rmation concerning this matter, pleas	e call:		
	Thomas L. Cuni, Esq. Name of Person	at ( 513 )  Area Code & Daytime Telephon	771-6768e Number	
Divisi Regist P.O. B	ING ADDRESS: on of Corporations ration Section fox 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a	check for the following amoun	nt:		
<b>√</b> \$12	5.00 Filing Fee \$130.00 Filing Certificate o		\$160.00 Filing Fee, Certificate of Status & Certified Copy	

## ÀPPLICATION 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 BUSINESS IN THE STATE OF FLORIDA:

1.	Southern Liquid Specialties, LLC.  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
CO	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil ompany," "L.L.C," "LLC.")	writtei ity
2.	Ohio 3 Applied For	
	Ohio  (Jurisdiction under the law of which foreign limited liability company is organized)  Applied For  (FEI number, if applicable)	
4.	10/21/2004 5. perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
,		
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	71
7.	2161 East County Road 540A, Suite 289, Lakeland, Florida 33813	
	(Street Address of Principal Office)  If limited liability company is a manager-managed company, check here	IT
	(Street Address of Principal Office)	
8.	If limited liability company is a manager-managed company, check here	•
9.	The name and usual business addresses of the managing members or managers are as follows:	
	William C. Baker, 6800 Ridge Road, Cincinnati, Ohio 45213	
10	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rece	<b></b>
the	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	orus in
trai	nslation of the certificate under oath of the translator must be submitted.)	
11	. Nature of business or purposes to be conducted or promoted in Florida: _Sale_of Flavoring	
	Ch/Ch	
	Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
	William C. Baker	
	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.

	Southern Lic	uid Specialties, LLC,	
If unavailable, the altern	ate to be used in the	e state of Florida is:	
2. The name and the Fig.	orida street address	of the registered agent and office are	09 NOV 30 PH SECRETARY OF TALLAHASSEE.
	NR	Al Services, Inc.	E N
	1417	(Name)	- ARY
	2731 Exect	utive Park Drive, Suite 4	E OF P
	Florida Street Add	ress (P.O. Box NOT ACCEPTABLE)	2: 51 STAT FLORI
	West	on, FL 33331	Op or
		City/State/Zip	
liability company at the p agent and agree to act in relating to the proper and	lace designated in the this capacity. I furth the complete performa as registered agent	to accept service of process for the abo his certificate, I hereby accept the app her agree to comply with the provision ince of my duties, and I am familiar wi t as provided for in Chapter 608, Flori	ointment as registered us of all statutes th and accept the
	\$ 100.00	Filing Fee for Application	
	\$ 25.00	Designation of Registered Agent	

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

#### United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SOUTHERN LIQUID SPECIALTIES, LLC., an Ohio Limited Liability Company, Registration Number 1496411, was organized within the State of Ohio on October 21, 2004, is currently in FULL FORCE AND EFFECT upon the records of this office.

FILED

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 3rd day of November, A.D. 2009

**Ohio Secretary of State** 

Validation Number: V2009307N4C30F