Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PREMIER CORPORATE SERVICES INC

Account Number : 120060000023 : (651)225-9500 Phone Fax Number : (651)225-9579

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Sister Chris's Fruit Flavored Products, LLC

	كالأناف أحسب كالمحا
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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DEC - 7 2009

EXAMINER

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECESTER A FOREIGN.

Ш	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		
1.	Sister Chris's Fruit Flavored Products, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.	," or "LLC,")	
		,	
CO	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and an ansent of the managers or managing members adopting the alternate name. The alternate name must include purpany," "L.L.C," "LLC.")	tach a copy of de "Limitad L	the written
2.	Minnesota 3 27-0755716		
	Minnesota 3. 27-0755716 (Jurisdiction under the law of which foreign limited liability (FEI number, if application company is organized)	ole)	-
4.	July 28, 2009 5. perpetual (Date of Organization) (Duration: Year limited liability comp		
	(Date of Organization) (Duration: Year limited liability compexist or "perpetual")	any will coase	to
6.	Upon filing		
•	(Date first transacted business in Florida, if prior to registration.)		,,
	(See sections 608,501 & 608.502 F.S. to determine penalty liability)	Z S	2009
7.	1028 Knox Avehue, #2	<u> </u>	<u> </u>
	Minnappelle Minnappele 55444	£6	DEC
	Minneapolls, Minnesota 55441 (Street Address of Principal Office)		- -
		SEC SEC	Ť,
8.	If limited liability company is a manager-managed company, check here	2	
9.	The name and usual business addresses of the managing members or managers are as	Manage Anna at	<u>ς.</u> ω
	Vície C. Williams - 1028 Knox Avenue, #2, Minneapolis, MN 55441		
	Bryce Williams - 1028 Knox Avenue, #2, Minneapolis, MN 55441		
			,-
	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official h		
the	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fi	nejin prizrafi	e, a
r at	nslation of the outificate under oath of the translator must be submitted.)		
11	. Nature of business or purposes to be conducted or promoted in Florida:		_
	Food product manufacturer and distributor		
	B		
	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	er.	
	an affirmation under the panalties of perjuty that the facts stated herein are true.)		
	Bryce Williams	_	
	Typed or printed name of signee		

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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 of the Limited Liability Comp	any is:			
Sister Chris's Fru	it Flavored Produc	ts, LLC		
If unavailable, the alternate to be used in the	state of Florida is:			
2. The name and the Florida street address	of the registered agent a	nd office are:	SEC	7009 DEC -4
	IRAI Services)E(
<u> 1</u>	(Name)		る別	<u></u>
	itive Park Drive, Suite		- 10 mg	7
Florida Street Add	ress (P.O. Box NOT ACCEPT	TABLE)		Ċ
			35	ట
Wes	<u></u>		7.	
	City/State/Zip			
Having been named as registered agent and to liability company at the place designated in the agent and agree to act in this capacity. I further relating to the proper and complete performations of my position as registered agent (Signature) Chrelsea Bialowas, Assistant Se	nis certificate, I hereby of ther agree to comply with nice of my duties, and I of as provided for in Chap	acept the appointmen the provisions of all om familtar with and a	t as regist statutes accept the	
\$ 100.00	Filing Fee for Applic	ation		
\$ 25.00	Designation of Regis	stered Agent		
\$ 30.00	Certified Copy (option	-		
\$ 5.00	Certificate of Status	(ODUODAI)		

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state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

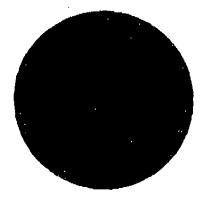
Mark Ritchie, Secretary of State of Minnesota, do certify The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to do business by filing an application for a certificate of authority with the Office of the Secretary of State on the date listed below; the limited liability company is governed by Chapter 322B of Minnesota Statutes; and this limited liability company is authorized to do business as a limited liability company at the time this certificate is issued,

Name: Sister Chris's Fruit Flavored Products, LLC

Date Formed or Registered: July 28, 2009

State of Organization: Minnesota

This certificate has been issued on October 27, 2009.



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Mark T Secretary of State.