M1100000015

	•	• .
(Ro	equestor's Name)	
(Ad	Idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	rsiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		,
·		
		i

Office Use Only



400188733034

DEPAR OWNT OF STATE DIVISION OF CORPURATIONS TALLAHASSEE, FLORIDA RECEIVED

B. KOHR

JAN-3 2011

EXAMINER





ACCOUNT NO. : I2000000195

REFERENCE : 631011 7735165

AUTHORIZATION :

COST LIMIT :

ORDER DATE: January 3, 2011

ORDER TIME : 2:05 PM

ORDER NO. : 631011-010

CUSTOMER NO: 7735165

FOREIGN FILINGS

NAME:

DELHAIZE AMERICA SHARED

SERVICES GROUP, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

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 BUSINESS IN THE STATE OF FLORIDA:

1. Delhaize America Shared Services Group, LLC (Name of Foreign Limited Liability Company; must inclu	de "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpo consent of the managers or managing members adopting the alter Company," "L.L.C," "LLC.")	se of transacting business in Florida and attach a copy of the writter rnate name. The alternate name must include "Limited Liability
2. Delaware 3	27-3756754
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 09/28/2010 5	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6.	
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)
7. 2110 Executive Drive, Salisbury, NC 28147	3 :3
(Street Address	orida, if prior to registration.) to determine penalty liability)
8. If limited liability company is a manager-managed	
6. If finited hadnity company is a manager-managed	company, check here
9. The name and usual business addresses of the mana	aging members or managers are as follows:
Carol M. Herndon, 2110 Executive Drive, Salisbu	ry, NC 28147
G. Linn Evans, 2110 Executive Drive, Salisbury, 1	NC 28147
10. Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be subn	
11. Nature of business or purposes to be conducted or	promoted in Florida: To engage in any and all
lawful act or activities for which limited liability companies n	nay be organized under the Florida Statutes.
Marin	Eun S
	horized representative of a member.
penalties of perjury that the facts stated herein are tru	ation of this document constitutes an affirmation under the e I am aware that any false information submitted in a a third decree falson as provided for in a \$1.7.155. F.S.)
G. Linn Eva	a third degree felony as provided for in s.817.155, F.S.)
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 of the Limi	ted Liability Comp	pany is:	
Delhaize America Shared Services Group, LLC			
If unavailable, the alterna	ite to be used in the	e state of Florida is:	
2. The name and the Flo	rida street address	of the registered agent and o	ffice are:
Corporat	ion Service Compa	any	
-		(Name)	
1201 Hay	's Street		
	Florida Street Add	Iress (P.O. Box NOT ACCEPTABLE	; :
Tallahas	see	FL 32301	
		City/State/Zip	
liability company at the pl agent and agree to act in t relating to the proper and obligations of my position	ace designated in th his capacity. I furti complete performa	her agree to comply with the p ince of my duties, and I am far t as provided for in Chapter 6	t the appointment as registered provisions of all statutes miliar with and accept the
	\$ 100.00 \$ 25.00	Filing Fee for Application Designation of Registered	

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

\$ 30.00

Delaware

DACE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DELHAIZE AMERICA SHARED SERVICES
GROUP, 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 THIRD DAY OF
JANUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DELHAIZE AMERICA SHARED SERVICES GROUP, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4877749 8300

110002456

Jeffrey W. Bullock, Secretary of St AUTHENTY CATION: 8467216

DATE: 01-03-11

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