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Foreign Limited Liability Company **Keystone Foods LLC**

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K. SALY **EXAMINER** MAR 3 0 2011

COVER LETTER

TO:		stion Section n of Corporsi			,			
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							act Business in Florida," ompany to transact busin	
Please r	eturn all	corresponden	ice concerning this m	aller to t	the following:			
		Robert Or	miston					
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		Keystone !	Poods LLC					
]	Firm/Company		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Five Tower Bridge, 300 Bart Harbor Drive, Suite 600							
				·············	Address			
		West Cons	shohocken, PA 19	428				
				City/	State and Zip Code			
		robert.orm	iston@keystonefo					
	-		E-mail address: (to be us	ed for future annual re	port notifical	tion)	
For furth	her inform	nation conce	rning this matter, ples	se call:				
	Susan I	DeMarco			at (215	246-3123		
		Nat	me of Person	Ar	es Code & Daytime T	elephone Nu	mber	
	Division Registra P.O. Bos Tallahas	see, FL 3231	ons 4	Divisi Regis Clifto 2661 Tallah	EET ADDRESS: ion of Corporations tration Section n Building Executive Center Circ nassee, FL 32301	l e		
			e following amou \$\intersect \$130.00 \text{Filing Fe}\$ Cortificate of States	e& [S155.00 Filling Fee & Certified Copy		00 Filing Fee, Certificate aus & Certified Copy	•

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:

I.	Keystone Foods 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 attach a copy of the written useful of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "LL.C." "LLC.")
•	Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 23-3073393 (FEI number, if applicable)
4.	August 26, 1999 (Date of Organization) 5. Perpetual (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)
7.	Five Tower Bridge, 300 Barr Harbor Drive, Suite 600
	West Conshohocken, PA 19428 (Street Address of Principal Office)
y .	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:
	Keystone Foods Intermediate LLC
	Five Tower Bridge, 300 Barr Harbor Drive, Suite 600
	West Conshohocken, PA 19428
tine tna	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a salation of the certificate under oath of the translator must be submitted.)
	. Nature of business or purposes to be conducted or promoted in Florida: To carry on any lawful
	Signature of a member of an authorized representative of a member. (In accordance with acction 503.4886) P.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true. I am aware that any false information submitted in a
	document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.)

Typed or printed name of signee

John J. Coggins, Executive Vice President and CFO

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

7

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.

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 and office are: CT Corporation System (Name) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324 City/State/Zip	1. The name	of the Limited Lie	ability Company is:		
2. The name and the Florida street address of the registered agent and office are: CT Corporation System (Name) 1200 South Pine Island Road Plorida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324 City/State/Zip	Keystone For	ods LLC			
(Name) 1200 South Pine Island Road Plorida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324 City/State/Zip	If unavailable	, the alternate to t	be used in the state of	Florida is:	
(Name) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324 City/State/Zip	2. The name	and the Florida str	reet address of the reg	gistered agent and office a	re:
Plantation FL 33324 City/State/Zip		CT Corporation	a System	_	
Plorida Street Address (P.O. Box NOT ACCEPTABLE) Plantation FL 33324 City/State/Zip			(Nam	e)	_
Plantation FL 33324					
City/State/Zip		Plor	rida Street Address (P.O.	BOX NOT ACCEPTABLE)	
		Plantation			
Having heen named as registered agent and to accent service of process for the above steered limited			City/\$	tate/Zip	
liability company at the place designated in this certificate, 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 relating 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 608, Florida Statutes. CT Corporation System CONNIE BYON By: (Signature) 8 Assistant Secretary 5 100.00 Filing Fee for Application	liability compa agent and agre relating to the j	iny at the place des se to act in this cap proper and comple my position as regi CT Corporation (signated in this certificacity. I further agree ete performance of my istered agent as provid System (Signature)	cate, I hereby accept the ap to comply with the provision duties, and I am familiar with ded for in Chapter 608, Flo Connie Bryo Assistant Secre	pointment as registered ons of all statutes with and accept the wida Statutes.

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KEYSTONE FOODS 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 SEVENTEENTH DAY OF MARCH, A.D. 2011.

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

TION: 8632250

DATE: 03-17-11