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SAM 7/10/14

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: General Produce LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Tim Slaughter
Name of Person
Castellini Company LLC
Firm/Company
2 Plum Street
Address
Wilder, KY 41076
City/State and Zip Code
tslaughter@castellinicompany.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tim Slaughter859 , 442-4673
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, 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 amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. General Produce LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
_{2.} Delaware _{3.} 46-5739732
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
_{4.} June 1, 2014
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
_{5.} 16 Forest Parkway, Building M
Forest Park, GA 30297
(Street Address of Principal Office) 6. 16 Forest Parkway, Building M
Forest Park, GA 30297
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Schuler, William M., CEO & President , 2 Plum Street, Wilder, KY 41076
Fister, Christopher L., Secretary, 312 Elm Street, Suite 2600, Cincinnati, OH 45202
Castellini, Robert H., Chairman, 312 Elm Street, Suite 2600, Cincinnati, OH 45202
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated begin are true am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 344-2155, F.S.)
Timothy P. Slaughter
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	e Limited Liability (roduce LLC	• •	
If unavailable, the	alternate to be used	in the state of Florida is:	
2. The name and t	he Florida street add	dress of the registered agent and office are:	
(CT Corporat	ion System	
entere		(Name)	-
1	200 South	Pine Island Road	
	Florida Stro	eet Address (P.O. Box NOT ACCEPTABLE)	-
Р	lantation	FL 33324	_
		City/State/Zip	-

Having been named as registered agent and to accept service of process for the above stated limited 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 605, Florida Statutes.

Cardell Rankin Assistant Secretary

\$ 100.00 Filing Fee for Application

Designation of Registered Agent \$ 25.00

Certified Copy (optional) \$ 30.00

5.00 Certificate of Status (optional)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

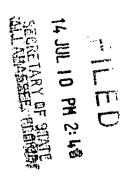
DELAWARE, DO HEREBY CERTIFY "GENERAL PRODUCE LLC" IS DULY FORMED

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 TENTH DAY OF JULY, A.D. 2014.

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



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AUTHENTY CATION: 1522894

DATE: 07-10-14