M14000006571

(Red	questor's Name)		
(Add	dress)		
(Add	dress)		
(City	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to F	Filing Officer:		

Office Use Only



400262004164

14 SEP 12 AH 10: 51AH

14 SEP 12 AH 9: 5
SECRETARY OF STA

SEP 1 5 2014 T. HAMPTON



ON SERVICE COMPANY.
ACCOUNT NO. : 12000000195
REFERENCE : 294328 4326321
AUTHORIZATION :
COST LIMIT: \$125.00
ORDER DATE : September 11, 2014
ORDER TIME : 5:21 PM
ORDER NO. : 294328-010
CUSTOMER NO: 4326321
FOREIGN FILINGS
NAME: RETAINED SUBSIDIARY ONE, LLC
XXXX QUALIFICATION (TYPE: LL)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Courtney Williams EXT# 62935

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Retained Subsid	liary (One, LLC	
SUBJE			ed Liability Company	
The encl Existence	losed "Application by Foreign Limited Lice, and check are submitted to register the	ability Con above refe	pany for Authorization to Treenced foreign limited liabilit	ansact Business in Florida," Certificate of by company to transact business in Florida
Please re	eturn all correspondence concerning this	natter to the	e following:	
	Samantha Bol		· · · · · · · · · · · · · · · · · · ·	
	,	٨	Name of Person	•
	Hunton & Willia	ams,	LLP	
		F	irm/Company	
	2200 Pennsylv	ania		
			Address	
	Washington, D	C 20	037	
		City/S	State and Zip Code	
	sbollers@hunt			
	E-mail addre	ss: (to be use	ed for future annual report notific	cation)
For furth	ner information concerning this matter, pl	ease call:		
	Samantha Bollers		₃₁ , 202 \ 419	9-2022
	Name of Contact Person		Area Code Da	aytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registration Clifton 2661 E	ET ADDRESS: on of Corporations ration Section Building Executive Center Circle assee, FL 32301	
Enclose	ed is a check for the following amount of \$125.00 Filing Fee \$130.00 Filester Certificate	ing Fee &	□ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Retained Subsidiary One, LLC (Name of Foreign Limited Liability Company; must inclu	de "Limited Liability	Company," "L.L.C.," or "I	IC.")	
(If name unavailable, enter alternate name adopted for the purpose of tr Liability Company," "L.L.C," or "L.LC.")	ansacting business in	Florida. The alternate name	: must include	"Limited
_{2.} Texas	_{3.} 46-3013	544		
(Jurisdiction under the law of which foreign limited liability company is organized)	·	(FEI number, if applicable	e)	
_{4.} September 11, 2014				
(Date first transacted business in (See sections 605.0904 & 605.0905,				
5. 2110 Executive Drive, Salisbury,	NC 28147		SE DE	7
	<u> </u>		_E	-
6. 2110 Executive Drive, Salisbury,	of Principal Office) NC 28147		3328 0 784 0	2 2
0			-F-C	و ا
(Maili	ng Address)		- 37	_ 1 2
7. The name, title or capacity and address of the pers	on(s) who has/ha	ave authority to man	age is/are:	
The manager is Delhaize America,	LLC. The	manager's ac	ddress	is
2110 Executive Drive, Salisbury, N	C 28147.			
				
8. Attached is an original certificate of existence, no n having custody of records in the jurisdiction under the acceptable. If the certificate is in a foreign language, a must be submitted) Signature of as	t law of which it translation of the	is organized. (A phone certificate under o	otocopy is rath of the t	not translator
(In accordance with section 605.0203, F.S., the expertition of this document cons				

Typed or printed name of signee

G. Linn Evans, Assistant Secretary

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

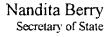
PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability Cod Subsidiary Or	· ·	
If unavailable,	the alternate to be used in	the state of Florida is:	
2. The name a	and the Florida street addre	ess of the registered agent and office are:	
	Corporation S	ervice Company	
	·	(Name)	
	1201 Hays S	Street	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Tallahassee	32301	
		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.

(Signature)

\$ 100.00 Filing Fee for Application
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)





Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Retained Subsidiary One, LLC (file number 801789919), a Domestic Limited Liability Company (LLC), was filed in this office on May 23, 2013.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 05, 2014.



NANDITA BERRY

Nandita Berry Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/
Phone: (512) 463-5555
Prepared by: SOS-WEB

Come visit us on the internet at http://www.sos.state.tx.us/
Fax: (512) 463-5709
Dia

Dial: 7-1-1 for Relay Services Document: 558656790003