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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL.
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(Do	cument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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Sharon Greene Paralegal

Direct: (952) 844-1332 Facsimile: (952) 844-1235 sharon.greene@nashfinch.com

September 15, 2014

Divisions of Corporations Registration Section 2661 Executive Center Circle Tallahassee, FL 32301

Re: Application for Certificate of Authority – Foreign Corporation – MDV SpartanNash, LLC

Dear Sir/Madam:

Please find enclosed the completed Application for Certificate of Authority, and the Certificate of Good Standing from the home state, Delaware, as well as the required additional copy and a check in the amount of \$125.00.

Should you have any questions, please feel free to call me on 952 844-1332. I look forward to receiving our qualification acceptance from Florida.

Very truly yours,

Sharon Greene

Sharok

Senior Paralegal

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBLECT: MDV SpartanNash, 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:

Mike Gallagher			
Name of Person			
SpartanNash Company			
Firm/Company			
850 76th Street S.W.			
Address			
Byron City, MI 49315			
City/State and Zip Code			
nike_gallagher@spartanstores.com			
E-mail address: (to be used for future annual report notification)			

For further information concerning this matter, please call:

Mike	Gal	lagher
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₄,616

878-2469

Name of Contact Person

Arca 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:

\$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

☐ \$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:

MDV Coordon North LLC
1. MDV SpartanNash, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
MDV: LLC-Florida
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.")
Delaware 3, 47-1740172
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
Anticipate 10-1-2014 upon receipt of qualification from Dept of State, Division of Corporations
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 850 76th Street S.W.
Byron Center, IVII 36160
(Street Address of Principal Office) SpartanNash Company - ATTN: Mike Gallagher
850 76th Street S.W. Byron Center, MI 36160
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Kathleen M. Mahoney, Vice President & Secretary
850 76th Street S.W.
Byron Center, MI 36160
3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official naving 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 herein are true. In aware that any false information submitted in a document to the Department of State constitutes a third degree fellony as provided for in s.817.155, F.S.)
Kathleen M. Mahoney

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.

1. The name	of the Limited Liability	Company is:	A SE
MDV Spartani	Nash, LLC		7 0
If unavailable		in the state of Florida is:	SECTION SECTIO
2. The name	and the Florida street ad	dress of the registered agent and office	are:
	Corporation Service Co	ompany	
		(Name)	
	1201 Hays Street		
Florida Street Address (P.O. Box NOT ACCEPTABLE)			······································
	Tallahassee	FL 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.

By: Sonya L. Cordell
Assistant VP

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

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "MDV SPARTANNASH, 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 SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MDV SPARTANNASH, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JULY,

A.D. 2014.

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

5578978 8300

141161796

AUTHENT CATION: 1685417

DATE: 09-10-14

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