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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

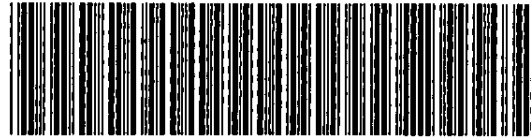
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

J. Shivers DEC 08 2014



Sharon Greene

Paralegal

Direct: (952) 844-1332

Facsimile: (952) 844-1235

sharon.greene@nashfinch.com

November 24, 2014

Florida Department of State  
Division of Corporations/Registration Section  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Foreign Limited Liability Company for Authorization to Transact Business -  
SpartanNash Associates, LLC

Dear Sir/Madam:

Please find enclosed the Application by Foreign Limited Liability Company for  
Authorization to Transact Business in Florida, and the Certificate of Good Standing from  
the home state, Michigan, and a check in the amount of \$125.

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  
Senior Paralegal

**Minneapolis Office:**  
7600 France Avenue South  
PO Box 355  
Minneapolis, MN 55435  
(952) 832-0534  
SpartanNash.com

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SpartanNash Associates, 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:

**Sharon Greene**

Name of Person

**SpartanNash Associates, LLC**

Firm/Company

**7600 France Avenue South**

Address

**Edina, MN 55435**

City/State and Zip Code

**sharon.greene@spartannash.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Sharon Greene**

Name of Contact Person

at ( **952** ) **844-1332**

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:

☒ \$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  
TRANSACTION BUSINESS IN FLORIDA**

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

1. **SpartanNash Associates, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

**SpartanNash Associates, L.L.C.**

(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. **Michigan**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **38-33446484**

(FEI number, if applicable)

4. **As soon as qualified**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **SpartanNash Associates, LLC**

**850 76th Street SW Byron Center, MI 49315**

(Street Address of Principal Office)

6. **SpartanNash Associates, LLC**

**850 76th Street SW Byron Center, MI 49315**

(Mailing Address)

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7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

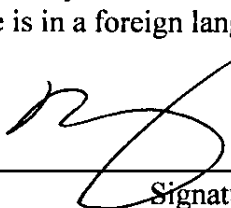
**SpartanNash Company - FEIN 38-0593940**

*Mgr*

**850 76th Street SW**

**Byron Center, MI 49315**

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 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, 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:

SpartanNash Associates, LLC

If unavailable, the alternate to be used in the state of Florida is:

SpartanNash Associates, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL 32301

City/State/Zip

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*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.*

Corporation Service Company

Carol Dolor, Assistant VP

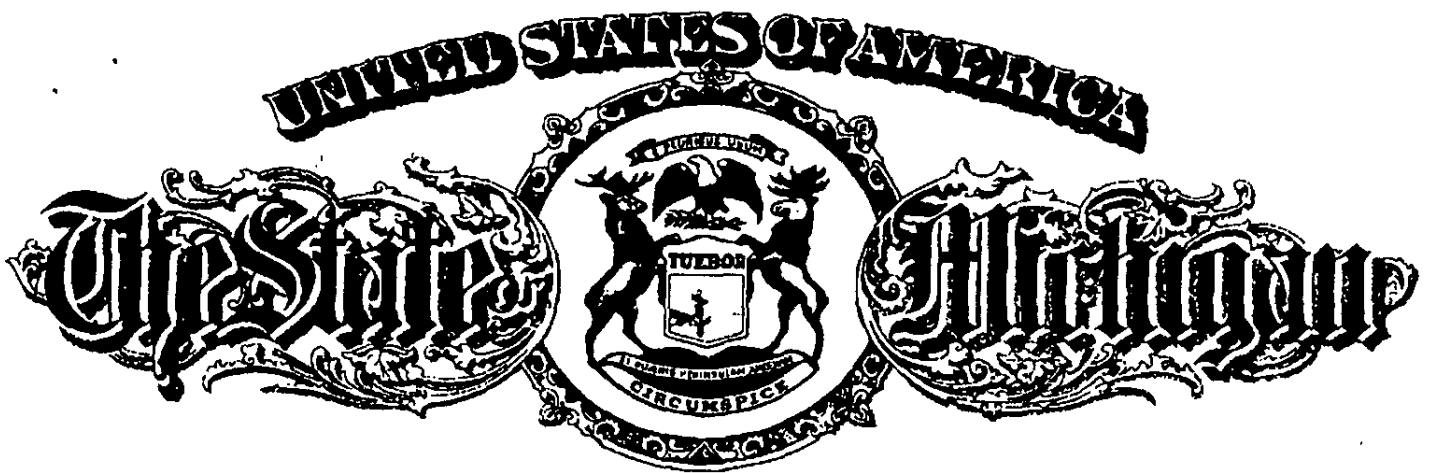
By:



(Signature)

Sonya Cordell

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



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

**SPARTANNASH ASSOCIATES, LLC**

was validly organized on April 15, 1997 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 19th day of November, 2014

Alan J. Schefke, Director  
Corporations, Securities & Commercial Licensing Bureau

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TALLAHASSEE, FLORIDA