M1500000 4572

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Employer Identification Number: 47-3902291

Office Use Only



600275768206

08/17/15--01036--003 **125.00

15 AUG 17 AM 10: 40

AUG 20 2015 J. HARRIS

COVER LETTER

R S UBJECT:	oxiana Food Prod	ucts, LLC				
ebolei		Name o	f Limited Liability (Company		-
		reign Limited Liability Coned to register the above refe				
ease return al	l correspondence	concerning this matter to th	e following:			
	Graham C. Cla	arke				
			Name of Person			-
	Roxiana Food	Products, LLC				
			Firm/Company		·	-
	533 Clara Ave	nue, Unit 10				
			Address		· · · · · · · · · · · · · · · · · · ·	-
	St. Louis, MO	63112				
		City/	State and Zip Code			-
	gclarke@roxiana	afoods.com				
		E-mail address: (to be us	ed for future annual	report no	tification)	-
or further info	rmation concernin	g this matter, please call:				
Graha	m C. Clarke		754 at (444-69	41	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	-
Divisio Registi P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section Building ecutive Center Circle see, FL 32301	
	neck for the follow 5.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co	

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

IN COMPILANCE 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:

	eign Limited Liability Company; must	i inclu	de "Limited Lia	bility Company," "L.L.C.,"	or "LLC.")		
f name unavailable, enter aliability Company," "L.L.C.	lternate name adopted for the purpose	of tra	nsacting busine	ss in Florida. The alternate	name must inc	lude "	Limited
Missouri	, or ble.)	_	47-3902291				
(Jurisdiction under the law	of which foreign limited liability	3.		(FEI number, if applica	ble)		
company is organized)							
	(Date first transacted busines	s in F	lorida, if prior to	registration.)			
1701 Player Bood He	(See sections 605.0904 & 605.0	1905,	F.S. to determin	e penalty liability)			
1791 Blount Road, On	nit 913, Pompano Beach, FL 33069	•					
	(Street Address of Pr	····	-1.005>				
533 Clara Avenue, Uni	it 10, St. Louis, MO 63112	rincip	ai Office)			ಪ್	
						AUG BUG	
							_:-
	(Mailing A	ddres	s)		1774 1774	3>	(1)
Name and street address	ss of Florida registered agent: (P.C	O. Bo	x NOT accept	table)	in The	A	O
Name:	Graham C. Clarke			_		٠. ن	
Office Address:	1791 Blount Road, Unit 913		Pri	10			
	Pompano Beach			, Florida 33069 (Zin code)			
	(City)			(Zip code)			
•							
aving been named as re is application, I hereby th the provisions of all e obligations of my posi	egistered agent and to accept servi accept the appointment as registe statutes relative to the proper and ition as registered agent. (Registe	ered of com	gent and agreplete performa	ee to act in this capacity. ance of my duties, and I	I further ag	ree to	compl
aving been named as re is application, I hereby th the provisions of all e obligations of my posi	egistered agent and to accept servi accept the appointment as registe statutes relative to the proper and ition as registered agent.	ered of com	gent and agreplete performa	ee to act in this capacity. ance of my duties, and I	I further ag	ree to	compl
aving been named as re is application, I hereby th the provisions of all e obligations of my posi . The name, title or capa larsha C. Clarke	egistered agent and to accept servi accept the appointment as registe statutes relative to the proper and ition as registered agent. (Registe	ered of com	gent and agreplete performa	ee to act in this capacity. ance of my duties, and I	I further ag	ree to	compl
aving been named as reis application, I hereby th the provisions of all e obligations of my positions. The name, title or capalarsha C. Clarke	egistered agent and to accept servi accept the appointment as registe statutes relative to the proper and ition as registered agent. (Registe	ered of com	gent and agreplete performa	ee to act in this capacity. ance of my duties, and I	I further ag	ree to	compl
is application, I hereby ith the provisions of all the provisions of my positive obligations of my positive obligations of my positive of the name, title or capallarsha C. Clarke thief Marketing Officer 33 Clara Avenue, Unit 1 Attached is a certificate	egistered agent and to accept servi accept the appointment as registe statutes relative to the proper and ition as registered agent. (Registered agent agent agent agent accept and address of the person(s) agent agen	red ag	ent s signature) ass/have autho duly authentite is in a forci	re to act in this capacity. ance of my duties, and I rity to manage is/are:	I further ag	gree to with a	compl and acc

Typed or printed name of signee

Graham C. Clarke

STATE OF MISSOURI



Jason Kander Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Roxiana Food Products, LLC LC001445275

was created under the laws of this State on the 29th day of April, 2015, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 12th day of August, 2015.

Secretary of State

Certification Number: CERT-08122015-0090