# M16000007925

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PICK-UP WAIT MAIL	
(Business Entity Name)	-
W16-65780 (Document Number)	<u>&gt;</u>
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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Upper Crust Food Service LLC Name of Limited Liability Company
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:
Adam Guy, President Name of Person
Upper Crust Food Service, LLC Firm/Company
108 E. Green Meadows Rd., Ste.6
Columbia, MO 65203  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patti Kreeman, Vice President at (573) 874-3033  Name of Contact Person Area Code Daytime Telephone Number
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  \$\Bigsigms \text{\$125.00 Filing Fee} \Bigsigms \text{\$130.00 Filing Fee & Bigsigms Fee & Certificate of Status} \Bigsigms \text{\$155.00 Filing Fee & Bigsigms Fee & Certificate of Status} \Bigsigms \text{\$155.00 Filing Fee & Certificate of Status & Certificate Opy} \Bigsigms \text{\$160.00 Filing Fee, Certificate of Status & Certificate Opy} \Bigsigms \text{\$160.00 Filing Fee, Certificate Opy} \Bigsigms \Bigsigms \text{\$160.00 Filing Fee, Certificate Opy} \Bigsigms \



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2016

ADAM GUY UPPER CRUST FOOD SERVICE, LLC 108 E. GREEN MEADOW ROAD, SUITE 6 COLUMBIA, MO 65203

SUBJECT: UPPER CRUST FOOD SERVICE, LLC

Ref. Number: W16000065780

We have received your document for UPPER CRUST FOOD SERVICE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 916A00020488

## 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: Upper Crust Food Service 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.") MISSOUTI 3. 27-2534674 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 9/2013 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) line left blank per Yasmin in your office 135 Office Plaza Dr. Ste. A mailing: 108 E. Green Meadows Rd.

(Street Address of Principal Office) Columbia, Mob520 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Schutions, Inc. 155 Office Plaza Dr., St. A Name: Office Address: 155 Office Plaza Dr. St. A Tallahessee FL 32301 . Florida 32301 Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Registered agent's signature 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Adam Goy, President, Authorized member 108 E. Green Meadows Rd., Stc. 6 (Home) 3903 Foxcreek Way Columbia, MO 65203 lumbia 1MO 65203 9. Attached is a 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. (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 This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Adam Guy
Typed or printed name of signee

STATE OF MISSOUR



### 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

> Upper Crust Food Service, LLC LC1056815

was created under the laws of this State on the 10th day of May, 2010, 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 19th day of September, 2016.

Certification Number | CERT-09192016-0060