# P088000001111

(Requ	uestor's Name)	<del>_</del>
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	Iing Officer:	
	W16-	65531

Office Use Only



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D. SCOTT NOV 1 2016

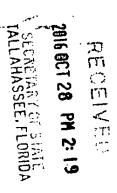


### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2016

BECKY JOHNSON 523 E MITCHELL ST PETOSKEY, MI 49770

SUBJECT: FRESH BABY, LLC Ref. Number: W16000065531



We have received your document for FRESH BABY, 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):

You failed to make the correction(s) requested in our previous letter.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 816A00021807

New certificate

16 DCT 28 PM 4: 06
SECRETARY OF STATE
SECRETARY OF STATE

#### **COVER LETTER**

TO:

Registration Section

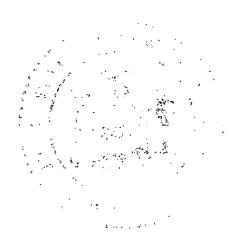
Division of Corporation	18			
SUBJECT: Fresh P	abel LLC Name of 1	Limited Liability Company	· · · · · · · · · · · · · · · · · · ·	
			ansact Business in Florida," Certific y company to transact business in F	
Please return all correspondence of	concerning this matter to the	following:		
Beck	y Johnson	ame of Person		
Fresh	Baby LLC	rm/Company		
523 (	E Mitchell	Address		
Petus	hey MI 40 City/Si	1770 tate and Zip Code		
beclaye	E-mail address: (to be used	COM I for future annual report not	tification)	
For further information concerning	g this matter, please call:			
Bedy John	SON f Contact Person	at (23) 34 Area Code Day	8-2706 Ex+1 vtime Telephone Number	4
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	,
Enclosed is a check for the follow		<b></b>	LARE B. T	; 1 ;
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	of Status & Certification Status & Certificat	- }

## 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 FORE COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	EIGN LIMITED TABILITY
1. Fresh Baber, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC	7.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name in	ust include "Limited
Liubility Company," "L.L.C," or "LLC,")  2. New York	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. DZS tast (nitchell St.	
Petoskieu MI 40770 (Street Address of Principal Office)	SECT SECT
6 523 East Mitchell St	音の 日 フ
Petosken m 49770	Z8 PI 28 PI ARY OF (SSEE, I
(Mailing Address)	PS Z D
7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable)	SE 5
Name: <u>Corporation Service company</u>	DA TE
Office Address: 1201 Hays Street	
Tallahassee Florida 32301 (City) (Zip code)	
Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated limited liability of designated in this application, I hereby accept the appointment as registered agent and agree to act in this ca	
to complywith the provisions of all statutes relative to the proper and complete performance of my duties, an	d I am familiar with and
accept the obligations of my position as registered agent. Coop or thom Service Company	٠.
(Registered agent's signature)	9-13-16
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	<b>,</b>
Berly Johnson Sales Team Leader	
Cheryl Mollenbeck CED	
> 523 E mitchellat, Petoskey MI 49770	)
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having cust jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the of the translator must be submitted)	
Booker los	
Signature of an authorized person	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any fall submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.153	se information i, F.S.
Becky Johnson	
Typed or printed name of signee	

## State of New York Department of State } ss:

I hereby certify, that FRESH BABY, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/16/2002, and that the Limited Liability Company is existing so far as shown by the records of the Department.



FILED

16 OCT 28 PH 4: 06

SECRETARY OF STATE
ANASSEE, FLORIDA

\*\*\*

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 17th day of October two thousand and sixteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State