

m17000001537

(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:

titles W17-4521  
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02/22/17--01006--010 \*\*13.75

17 FEB 17 AM 11:26

FEB 20 AM 11:50

REPLY OF STATE  
AMBASSER, FLORIDA

FILED

S Warren

FEB 22 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2017

CORPORATE ACCESS, INC.

SUBJECT: S-L DISTRIBUTION COMPANY, LLC  
Ref. Number: W17000014521

We have received your document for S-L DISTRIBUTION COMPANY, LLC and your check(s) totaling \$116.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

There is a balance due of \$13.75.

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 817A00003290

*Correct*  
*I Need the*  
*20th file*  
*DATE please*

**CORPORATE  
ACCESS,  
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

PICK UP: 2-17-17

- CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
- CUS \_\_\_\_\_
- FILING Foreign LLC file 2nd

1. S-L Distribution Company, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: S-L DISTRIBUTION COMPANY, 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:

**SHAMA STEPP**

Name of Person

**REGISTERED AGENT SOLUTIONS, INC.**

Firm/Company

**1701 DIRECTORS BLVD., SUITE 300**

Address

**AUSTIN, TX 78744**

City/State and Zip Code

**ORDERS@RASI.COM**

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

For further information concerning this matter, please call:

**SHAMA STEPP**

Name of Contact Person

**888**

Area Code

**705-7274**

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. S-L DISTRIBUTION COMPANY, 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.")

2. DELAWARE

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

3. 23-2999029

(FEI number, if applicable)

4. \_\_\_\_\_

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

5. 13515 Ballantyne Corporate Pl.

Charlotte, NC 28277

(Street Address of Principal Office)

6. 13515 Ballantyne Corporate Pl.

Charlotte, NC 28277

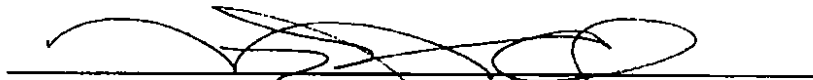
(Mailing Address)

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

CARL D. LEE (MANAGER) - 13515 Ballantyne Corporate Pl. Charlotte, NC 28277

ALEXANDER W. PEASE (MANAGER) - 13515 Ballantyne Corporate Pl. Charlotte, NC 28277

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.)

Margaret E. Wicklund, Vice President, Snyder's-Lance, Inc., MEMBER

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 20 A 11:50

FILED

**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:

**S-L DISTRIBUTION COMPANY, LLC**

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

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

**Registered Agent Solutions, Inc.**

(Name)

**155 Office Plaza Dr. Suite A**

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

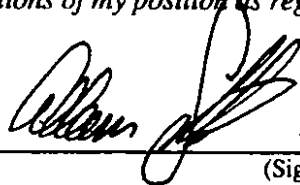
**Tallahassee**

**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.*



ADAM SALDANA, ASST. SECRETARY

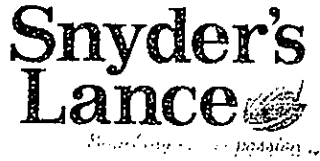
(Signature)

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 20 A 11:50

FILED



13515 Ballantyne Corporate Place  
Charlotte, NC 28277

TO: FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**LETTER OF CONSENT TO USE SIMILAR NAME  
AND ACKNOWLEDGMENT OF NOT TO REVOKE ENTITY'S WITHDRAWAL**

The undersigned corporate officer for S-L Distribution Company, Inc. (the "Corporation"), registered with the Florida Secretary of State under corporate ID # F01000000975, hereby grants consent to use similar name for S-L Distribution Company, LLC in forming a limited liability company with the Secretary of State in the State of Florida.

In addition, the undersigned corporation officer acknowledges that the Corporation will not revoke its Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida by filing Articles of Revocation of Dissolution with the Division of Corporations pursuant to section 607.1404, Florida Statutes.

Dated: February 15, 2017

**S-L DISTRIBUTION COMPANY, INC.**

By:

Name: Margaret E. Wicklund  
Title: Vice President, Controller,  
Principal Accounting Officer  
and Assistant Secretary

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "S-L DISTRIBUTION COMPANY, 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 TWENTY-SEVENTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "S-L DISTRIBUTION COMPANY, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MARCH, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



3021954 8300

SR# 20170487004

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 201942710

Date: 01-27-17