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COVER LETTER

	strution Section don of Corporation	ons				
SUBJECT:	NORTH FLO	DRIDA FOODS, L.L.C.				
SUBJECT: _		Name of	Limited Liability	Company		
		oreign Limited Liability Com ed to register the above refer				
Please return a	II correspondence	concerning this matter to the	following:			
	Matt Modelev	sky				
	····	N	lame of Person			
	Snellgrove, La	ungley, Culpepper, Williams	& Mullally			
	Firm/Company					
	PO Box 1346					
			Address -			·mmt. ·
	Jonesboro, AF	72403				7
		City/S	state and Zip Code			AS ASS
	matt@snellgrov					
For further infe	ormation concerni	E-mail address: (to be use ng this matter, please call:	d for future annua	l report no	tification)	AMII: 49
Matt Modelevsky		870 at (932-83		5	
	Name	of Contact Person	Area Code	Day	time Telephone Number	
Divisi Regis P.O. I	LING ADDRESS ion of Corporation tration Section Box 6327 nassee, PL 32314			Division Registrat Clifton B 2661 Exc	r ADDRESS: of Corporations ion Section wilding scutive Center Circle see, FL 32301	
	heck for the follow 25.00 Filing Fee	ving amount: \$\Boxed{\Omega} \\$130.00 \text{ Filing Fee & Certificate of Status}	□ \$155.00 Filio Certified Copy		■ \$160.00 Filing Fee, Ce of Status & Certified Cop	

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

	CTION 605 0902, FLORIDA STATUTES UNINESS IN THE STATE OF FLORIDA		SUBMITED	10 NEGISTER A FOR	EIGN LIMITED LIABILITY
NORTH FLORIDA FO					
(Name of For	olgn Limited Liability Company; mil	ist include "Limited Lia	bility Compar	ny," "L.L.C.," or "LL.C	C.")
(If name unavailable, enter a	Iternate name adopted for the purpos	se of transacting busines	ss in Florida.	The alternate name mu	ast include "Limited
2 ARKANSAS		3. 82-0897415			
	of which foreign limited liability		(FEI numb	per, if applicable)	
4. April 2017					
	(Date first transacted busine (See sections 605,0904 & 605	ess in Florida, if prior to .0905, F.S. to determine	o registration.; e penalty liabi) ility)	
5. 139 Southwest Drive		.,			
Jonesburo, AR 72401			T-2-2-2		
6. 139 Southwest Drive	(Street Addiess of I	Principal Office)			2 4
Jonesboro, AR 72401		, AAAA v <u>m maa aa a</u>			
	(Mailing /	Address)			3 2
7. Name and street address	s of Florida registered agent: (P.	O. Box. NOT accent	able)		5 S
Name:	CT Corporation System				APR .5 AMII: 49
Office Address:	1200 South Pine Island	Road	-		= 6
	Plantation		Florida	33324	5
	(City)		, . , . ,	(Zip code)	
designated in this applica to complywith the provisi accept the obligations of	gistered agent and to accept serviton, I hereby accept the appoint ons of all statutes relative to the	iment as registered a	gent and agi performan	ree to act in this cap ce of my duties, and	pacity. I further agree l I am familiar with and
	(Rugisti	ered agent's signature)			
8 The name, title or capa Chris Fowler, General Ma	acity and address of the person(s)				
139 Southwest Drive				**************************************	
Jonesboro, AR 72401					The article area
	of existence, no more than 90 day of which it is organized. (If the ce				
			•		
	Signature	of an authorized person			
	in accordance with section 605.0 the Department of State constitute. Matt Modelevsky				
	Typed or p:	rinted name of signee		<u> </u>	



Arkansas Secretary of State Mark Martin

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

Certificate of Good Standing

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

NORTH FLORIDA FOODS, L.L.C.

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office November 15, 2016.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 21st day of March 2017.

Mark Martin

Mark Martin

Secretary of State Aviborization Code: ec57aefe58ebb7a

To verify the Authorization Code, visit sos.arkansas.gov