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(Requestor's Name) (Address) (Address)	500299056895
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	05/15/1701045020 **125.00
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	cov	'ER LETTER	· · · ·	
TO: Registration Se Division of.Cor			· ·	
SUBJECT: Adva	ntech Bakery Tec			
	مريد منظم من	imited Liability Co		- 19 0
	n by Foreign Limited Liability Compa submitted to register the above referen			
Please return all correspo	ndence concerning this matter to the f	ollowing:		
Ru	ssell Garland			
	Na	me of Person		
Adv	vantech Bakery T	echnolo	gy, LLC	
	Fir	m/Company		
120	04 Berea Road			
		Address		
Ric	hmond, KY 4047	75		
· · · · · · ·	City/Sta	ate and Zip Code	an a	xx
strain and straining and st	land@advantech			an start sof
For further information of	E-mail address: (to be used	for future annual f	eport notification)	
	oncerning this matter, please call:	050	100 0110	
Suzie F	Richards	_at (<u>859</u>	408-2112	
	Name of Contact Person	Area Code	Daytime Telephone Number	
MAILING AD Division of Corp Registration Sec P.O. Box 6327 Tallahassee, FL	porations tion		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	FILED
Enclosed is a check for th S125.00 Filin		□ \$155.00 Filing Certified Copy	Fee & S160.00 Filing Fce, Ce of Status & Certified Cop	rtificate

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:

۰.

L Advantech Bakery Technology, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

	name adopted for the purpose of transacting business in			ing Company, "L.L.C," of "LLC,")	
2. Kentucky	thich foreign limited liability company is organized)	<u> </u>		r, if applicable)	
	nion toreign tanked tablicy company is organized;		(1.51.1111104	, i upplication (
4	(Date first transacted business in Florida, if price	as to require tion)			
	(See sections 605.0904 & 605.0905, F.S. to det	termine penalty liability)			
5. <u>1204 Berea Roa</u>		_{6.} <u>1204 Bere</u>		- <u>, </u>	
(Street Address of Principal Office) Richmond, KY 40475		Richmond	(Mailing Address) Richmond, KY 40475		
<u>· · · · · · · · · · · · · · · · · · · </u>				·	
7. Name and street addre	ss of Florida registered agent: (P.O. E	Box NOT acceptable)			
Name:	Scott Fischer				
Office Address:	11304 28th St. Circle East				
	Parrish	Flori	_{ida} 34219		
Registered agent's acce	(City)	, , r.com	(Zip code))	
designated in this applica to comply with the provis	egistered agent and to accept service ttion, I hereby accept the appointmen ions of all statutes relative to the pro- is of my position as registered agent.	nt as registered agent an	d agree to act i	n this capacity. I further agre	
designated in this applice to comply with the provis	ttion, I hereby accept the appointmentions of all statutes relative to the pro	nt as registered agent and per and complete perfor Jul	d agree to act i	n this capacity. I further agre	
designated in this applica to comply with the provis and accept the obligation	ntion, I hereby accept the appointmentions of all statutes relative to the pro- so of my position as registered agent.	nt as registered agent and per and complete perfor full signature)	d agree to act i mance of my d	n this capacity. I further agre	
designated in this applica to comply with the provis and accept the obligation 8. The name, title or cap	ntion, I hereby accept the appointmentions of all statutes relative to the pro- lies of my position as registered agent. (Registered age acity and address of the person(s) who	nt as registered agent and per and complete perform fint's signature) o has/have authority to m	d agree to act i mance of my d	n this capacity. I further agre uties, and I am familiar with	
designated in this applica to comply with the provis and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	ation, I hereby accept the appointmentions of all statutes relative to the pro- is of my position as registered agent. (Registered age acity and address of the person(s) who <u>Name and Address:</u> Russell Garland 1204 Berea Road	nt as registered agent and per and complete perform fint's signature) o has/have authority to m	d agree to act i mance of my d	n this capacity. I further agre uties, and I am familiar with	
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designated in this applica to comply with the provis and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	ation, I hereby accept the appointmentions of all statutes relative to the pro- is of my position as registered agent. (Registered age acity and address of the person(s) who <u>Name and Address:</u> Russell Garland 1204 Berea Road	nt as registered agent and per and complete perform fint's signature) o has/have authority to m	d agree to act i mance of my d	n this capacity. I further agre uties, and I am familiar with	
designated in this applica to comply with the provis and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	ation, I hereby accept the appointmentions of all statutes relative to the pro- is of my position as registered agent. (Registered age acity and address of the person(s) who <u>Name and Address:</u> Russell Garland 1204 Berea Road	nt as registered agent and per and complete perform fint's signature) o has/have authority to m	d agree to act i mance of my d	n this capacity. I further agre uties, and I am familiar with	
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designated in this applied to comply with the provis and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u> <u>President</u> (Use attachments if neces 9. Attached is a certificate jurisdiction under the law	acity and address of the person(s) who Registered agent Registered agent Registered agent (Registered agent (Registered agent) (Registered a	nt as registered agent and per and complete perform for the signature) to has/have authority to m <u>Title or Capaci</u>	d agree to act i rmance of my d hanage is/are: ity:	n this capacity. I further agree uties, and I am familiar with <u>Name and Address:</u>	
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designated in this applicate to comply with the provise and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u> <u>President</u> (Use attachments if necess 9. Attached is a certificate	acity and address of the person(s) who Registered age acity and address of the person(s) who Russell Garland 1204 Borea Road Richmond, KY 40475 Ssary) e of existence, no more than 90 days o of which it is organized. (If the certificularity)	nt as registered agent and per and complete perform for the signature) to has/have authority to m <u>Title or Capaci</u>	d agree to act i rmance of my d hanage is/are: ity:	n this capacity. I further agree uties, and I am familiar with <u>Name and Address:</u>	

Russell Garland

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State Alison Lundergan Grimes Secretary of State P. O. Box 718 Certificate of Existence Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov Authentication number: 189300 Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx.to-authenticate.this certificate. T 17 1 I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State, -41 ADVANTECHBAKERWTECHNOLOGY adjanuariju. is a limited liability company/duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is February 24, 2014 and whose period WINITED IN THE of duration is perpetual./ STATISTICS. I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 10th day of May, 2017, in the 225th/year of the Commonwealth. DED W unsus en ande EILED II Alison Lundergan Grimes Secretary of State Commonwealth of Kentucky 189300/0880175