# M170000010718

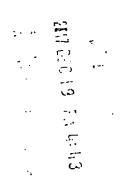
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100306302471

12/07/17--01029--021 \*\*125.00



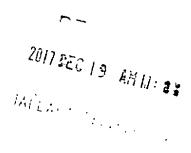
J. HARRIS

#### COVER LETTER

TO:

ro:	Registration Section Division of Corporatio	ns				
SUBJE	Auntie Anne's LLC					
30 031			Limited Liability C			
The en Exister	closed "Application by Fonce, and check are submitted	reign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ed liability	nsact Business in Florida," Certifice company to transact business in l	icate of Florida,
Please	return all correspondence	concerning this matter to the	following:			
	Amy Andrews					
		N	ame of Person			
	Focus Brands,	Inc.				
		F	irm/Company			
	5620 Glenridg	e Drive NE				
			Address	- <del>-</del>		
	Atlanta, GA 30	0342				
		City/S	State and Zip Code		<del>.</del>	
	aandrews@focu	sbrands.com				
		E-mail address: (to be use	d for future annual	report not	ification)	
For fu	rther information concernit	ng this matter, please call:				
	Amy Andrews		404 at (	978-46	98	
	Name	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding centive Center Circle ice, FL 32301	
Enclos	sed is a check for the follow ■ \$125.00 Filing Fee	wing amount:  \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificatof Status & Certified Copy	ite





December 8, 2017

AMY ANDREWS 5620 GLENRIDGE DRIVE NE ATLANTA, GA 30342

SUBJECT: AUNTIE ANNE'S LLC Ref. Number: W17000097447

We have received your document for AUNTIE ANNE'S 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):

The registered agent must sign accepting the designation.

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.

Jenna D Harris Regulatory Specialist II

217 650 19

Letter Number: 117A00024892

www.sunbiz.org

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavallable, enter alternate n	ame adopted for the purpose of transacting business in Fl	orida. The alternate name naust include "Limi	ited Liability Company.	""L.I. C." pr."	<u></u>
Georgia		3 23-2630826	····,		,
	hich foreign limited liability company is organized)	*	El number, if applicable	a)	_
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	n registration.) nine pensity fiability)	<u> </u>		
5620 Glenridge Drive		6. 5620 Glennidge Drive	: NE		~>
(Street Address of I Atlanta, GA 30342	Principal Office)	·	ng Address)	·	
Atlanta, OA 30342		Atlanta, GA 30342			-[-
					— C
Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)		••	<i>∽</i> ,
Name:	Corporation Service Company			•	<b></b> :
Office Address:	1201 Hays Street	<del></del>			÷.
0.1100.1100.000.	Tallahassee	22201	1		ت
		, Florida 32301	<u> </u>		
aving been named as re signated in this applica comply with the provisi	gistered agent and to accept service of tion, I hereby accept the appointment of the proper of the p	process for the above stated lings registered agent and agree to and complete performance of	zip code) mited liability co o act in this cap f my duties, and	acity, I fu 'I am fami	rther a:
signated in this applica comply with the provisi and accept the obligation.	tance: rgistered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the proper to my position as registered agent.  (Respected agent)	process for the above stated lings registered agent and agree to and complete performance of signature) Dawn France	nited liability co o act in this cap f my duties, and	acity, I fu 'I am fami	rther as
aving been named as resignated in this applica comply with the provisind accept the obligation.	tance: gistered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the proper to my position as registered agent.	process for the above stated lings registered agent and agree to and complete performance of signature) Dawn France	nited liability co o act in this cap f my duties, and LZ, ASL. S are:	acity, I fu 'I am fami	rther aş İliar wit
aving been named as resignated in this applica comply with the provising accept the obligation.  The name, title or capa	tance:  rgistered agent and to accept service of  tion, I hereby accept the appointment of  tions of all statutes relative to the proper  s of my position as registered agent.  (Registered agent)  acity and address of the person(s) who h  Name and Address:  Steven D. DeSutter	process for the above stated lings registered agent and agree to and complete performance of signature) Dawn Fant ass/have authority to manage is/	mited liability co o act in this cap f my duties, and  LZ, ASSL. S are:  Name a	acity. I fu I am fami FLC,	rther aş İliar wit
aving been named as re signated in this applica comply with the provision accept the obligation.  The name, title or capa Title or Capacity:	tance:  rgistered agent and to accept service of  tion, I hereby accept the appointment of  tions of all statutes relative to the proper  s of my position as registered agent.  (Respected agent)  active and address of the person(s) who hereby	process for the above stated lings registered agent and agree to and complete performance of signature)  Dawn France as have authority to manage is facility:	mited liability co o act in this cap f my duties, and  LZ, ASC. S  are:  Name a  Heather 48-50 V	acity. I fu I am fami SCC.	rther ag iliar wii iss:
aving been named as re signated in this applica comply with the provision accept the obligation.  The name, title or capa Title or Capacity:	tance:  rgistered agent and to accept service of  tion, I hereby accept the appointment of  tions of all statutes relative to the proper  s of my position as registered agent.  (Respected agent)  acity and address of the person(s) who h  Name and Address:  Steven D. DeSutter  5620 Glenridge Drive NE	process for the above stated lings registered agent and agree to and complete performance of signature)  Dawn France as have authority to manage is facility:	mited liability co o act in this cap f my duties, and  LZ, ASCL. S are:  Name a  Heather  48-50 V  Lancast	acity. I fu I am fami CC.  nd Addres L. Neary V. Chestnu	rther ag iliar wii iss:
aving been named as resignated in this application the provision of accept the obligation.  The name, title or capa Title or Capacity:	tance: gistered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the proper to of my position as registered agent.  (Registered agent) (Registered	process for the above stated lings registered agent and agree to and complete performance of signature)  Dawn Frant as/have authority to manage is/s  Title or Capacity:  President	mited liability co o act in this cap f my duties, and  LZ, ASCL. S are:  Name a  Heather  48-50 V  Lancast  Sarab E  5620 G	acity. I fu I am fami CC.  nd Addres L. Neary V. Chestnu er, PA 176  Powell enridge Di	rther a iliar wit is: t St. #20 03
aving been named as resignated in this applicated in this applicated comply with the provision of accept the obligation.  The name, title or capatitle or Capacity: CEO	tance:  gistered agent and to accept service of  tion, I hereby accept the appointment of  tions of all statutes relative to the proper  s of my position as registered agent.  (Respected agent)  acity and address of the person(s) who h  Name and Address:  Steven D. DeSutter  5620 Glenridge Drive NE  Atlanta, GA 30342  Michael J. Dixon  5620 Glenridge Drive NE  Atlanta, GA 30342	process for the above stated lings registered agent and agree to and complete performance of signature)  Dawn Frant as/have authority to manage is/s  Title or Capacity:  President	mited liability co o act in this cap f my duties, and  LZ, ASCL. S are:  Name a  Heather  48-50 V  Lancast  Sarab E  5620 G	acity. I fu I am fami CC.  nd Addres L. Neary V. Chestnu er, PA 176	rther a iliar with is: t St. #2 03
The name, title or capa  Title or Capacity:  CEO  CFO  See attachments if necess  Attached is a certificate risdiction under the law	tance:  gistered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the proper sof my position as registered agent.  (Respected agent)  acity and address of the person(s) who hame and Address:  Steven D. DeSutter  5620 Glenridge Drive NE Atlanta, GA 30342  Michael J. Dixon  5620 Glenridge Drive NE Atlanta, GA 30342  sary)  of existence, no more than 90 days old, of which it is organized. (If the certifica	process for the above stated lings registered agent and agree to and complete performance of assignature)  as/have authority to manage is/s  Title or Capacity:  President  EVP, GC, Secretary  duly authenticated by the office	mited liability coo act in this cap f my duties, and  LZ, ASSC. Sare:  Name a  Heather  48-50 V  Lancast  Sarah E  5620 G  Atlanta,	acity. I full I am familian fa	rther a third with the second section of the sectio
aving been named as resignated in this applicated in this applicated comply with the provising accept the obligation.  The name, title or capatitle or Capacity: CEO  CFO  Attached is a certificate risdiction under the law of the translator must be sufficient in executive. This document is executive.	tance:  gistered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the proper sof my position as registered agent.  (Respected agent)  acity and address of the person(s) who hame and Address:  Steven D. DeSutter  5620 Glenridge Drive NE Atlanta, GA 30342  Michael J. Dixon  5620 Glenridge Drive NE Atlanta, GA 30342  sary)  of existence, no more than 90 days old, of which it is organized. (If the certifica	process for the above stated lings registered agent and agree to and complete performance of a signature)  DOWN Frank  as/have authority to manage is/s  Title or Capacity:  President  EVP, GC, Secretary  duly authenticated by the officite is in a foreign language, a tra  3 (1) (b), Florida Statutes, I am	mited liability coo act in this cap f my duties, and LZ, ASCL. Sare:  Name a.  Ileather 48-50 V Lancast  Sarah E 5620 Gi Atlanta,  ial having custoe instation of the co	acity. I full I am familiary of Address L. Neary V. Chestpurer, PA 176  Powell enridge Dr GA 30342  dy of recordertificate unlike informatical and address and add	rther agiliar with the second

Control Number: 15117106

## STATE OF GEORGIA

## Secretary of State

**Corporations Division** 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I. Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### Auntie Anne's LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 14950348 Date Inc/Auth/Filed: 12/17/2015 Jurisdiction : Georgia Print Date : 11/02/2017

Form Number : 211



Brian P. Kemp Secretary of State