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2018-02-09 09:05:09 CST

19542080845 From: Ranae McGraw

2/8/2018

Division of Corporations

Florida Department of State
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Account Name : C T CORPORATION SYSTEM
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Foreign Limited Liability Company
South Coast Baking NW A, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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FEB 12 2018

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. South Coast Baking NWA, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Arkansas 3. 37-1761458
(Jurisdiction under the law of which foreign limited liability company is organized) (FEC number, if applicable)

4. 1/15/2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Rise Baking Company 6. Rise Baking Company
(Street Address of Principal Office) (Mailing Address)
1147 Benson Street
River Falls, WI 54022

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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 company at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: C T Corporation System Cristie Myers, Assistant Secretary
(Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Jason Fredrickson 1147 Benson Street River Falls, WI 54022		
Manager	Chris McCammon 828 Kasota Ave. SE Minneapolis, MN 55414		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate or of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Jason Fredrickson
Signature of an authorized person
Jason Fredrickson
Typed or printed name of signer

FILED
18 FEB -9 AM 8:3
ALABAMA
STATE



**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

SOUTH COAST BAKING NWA, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office July 11, 2014.

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 31st day of January 2018.

Mark Martin

Mark Martin

Secretary of State

Online Certificate Authorization Code: d8689fbf174aa28

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