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CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: 6/4/2018

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Acc#120160000072 SM

Name:	Key West Key Lime Pie Co., LLC (DE)
Document #:	
Order #:	11000629

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial		Country of Destination:	
Certification:		Number of Certs:	

Filing:	Certified: Plain:	
	COGS:	



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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN, LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Key West Key Lime Pie Co., LLC

;

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

(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpos " or "LLC.")	e of trui	isacting busin	tess in Florida. The alternate nat	me must include "Limited
company is organized)	of which foreign limited liability	3.	N/A	(FEI number, if applicable	.)
4. upon qualification	(Date first transacted busine (See sections 605.0904 & 605	ss in Fl 0905, I	orida, if prio ⁷ .S. to detern	to registration.) ine penalty liability)	
5. 794 Penllyn Blue Bell	Pike, Ste 219				- 797 6
Blue Bell, PA 19427					- THE
	(Street Address of	rincipa	il Office)		5 5 5
6. 794 Penllyn Blue Bell	Pike, Ste 219			······	
Blue Bell, PA 19427					
·	(Mailing	Address	5)		
7. Name and street addres	ss of Florida registered agent: (P	O. Bo	x <u>NOT</u> acc	eptable)	in w
Name:	C T Corporation System				
Office Address:	1200 South Pine Island Road		<u>-</u>		
	Plantation			, Florida	
	(City)			(Zip code)	
Registered agent's accen	itance:				

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 complywith 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.

ny positi	C T Corporation System (A ()) A	James M. Halpin
By:	C T Corporation System Jan M J.J.	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:

ML Food Group, LLC, Manager

794 Penllyn Blue Bell Pike, Ste 219			
Blue Bell, PA 19427			

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



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.

Marcus Lemonis, authorized person

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KEY WEST KEY LIME PIE CO., 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 FOURTH DAY OF JUNE, A.D. 2018.

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



Page 1



Jeffrey W. Bullock, Secretary of Slate

Authentication: 202813760 Date: 06-04-18

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You may verify this certificate online at corp.delaware.gov/authver.shtml