

MLB 000007203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

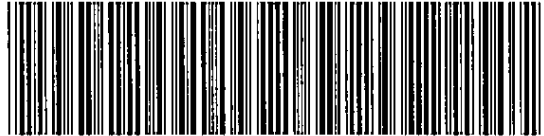
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 06 2018
M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Uncle Rays, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael D Morton

Name of Person

The H. T. Hackney Co.

Firm/Company

P O Box 238

Address

Knoxville, TN 37901-0238

City/State and Zip Code

mike.morton@hthackney.com or amy.cates@hthackney.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diannia Bales

865

546-1291

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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:

1. Uncle Rays, 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. Tennessee

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-4630948

(FEI number, if applicable)

4. _____

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

5. 502 S Gay Street

(Street Address of Principal Office)

Knoxville, TN 37902

6. P O Box 238

(Mailing Address)

Knoxville, TN 37901-0238

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

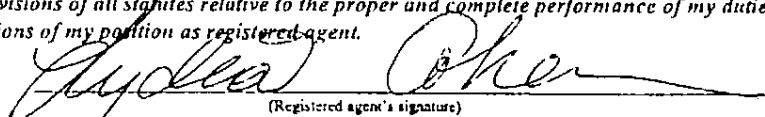
(City)

, Florida 32301

(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.


(Registered agent's signature)

Lydia Cohen
Asst. Vice President

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:

VP/CFO

Michael D Morton

Corporate Credit M

Tim Rowe

502 S Gay Street
Knoxville, TN 37902

502 S Gay Street
Knoxville, TN 37902

Mgr. Operational Ta:

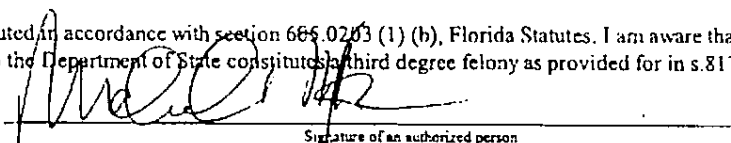
Diannia Bales

502 S Gay Street
Knoxville, TN 37902

(Use attachments if necessary)

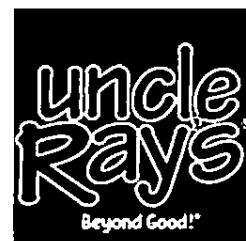
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must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

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.


Signature of an authorized person

Michael D Morton, VP/CFO

Typed or printed name of signer



UNCLE RAYS, LLC
14245 BIRWOOD STREET
DETROIT, MI 48238
(313) 834-0800

www.unclerays.com

Member/Officer Information

<u>Title</u>	<u>Name/Address/E-Mail</u>	<u>Eff Date</u>
Member	The H. T. Hackney Co. 502 S. Gay Street Suite 300 - Fidelity Bldg. Knoxville, TN 37902 Phone: 865-546-1291 Fax: 865-546-6616	62-0372535 <u>3/20/2006</u>
President/CEO	William B. Sansom 2153 Duncan Road	<u>3/20/2006</u>
Officer	Knoxville, TN 37919	
Vice President	Michael D. Morton	<u>3/20/2006</u>
Treasurer	6416 Sherwood Drive Knoxville, TN 37919	
Officer		
Secretary	Dena G. Morton	<u>3/20/2006</u>
Officer	6416 Sherwood Drive Knoxville, TN 37919	

NAICS Code -- 311991 (Perishable Prepared Food Manufacturing)

State of Registration - Tennessee
FEIN = 20-4630948



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

TIM ROWE
P.O. BOX 238
KNOXVILLE, TN 37901

July 24, 2018

Request Type: Certificate of Existence/Authorization
Request #: 0283916

Issuance Date: 07/24/2018
Copies Requested: 1

Document Receipt

Receipt #: 004206216
Payment-Credit Card - State Payment Center - CC #: 3735923448
Filing Fee: \$20.00
\$20.00

Regarding: UNCLE RAYS, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 03/20/2006
Status: Active
Duration Term: Perpetual
Business County: KNOX COUNTY
Control #: 516278
Date Formed: 03/20/2006
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

UNCLE RAYS, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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