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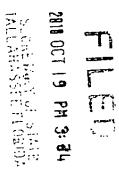
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n PRUCE

COVER LETTER

TO:		ion Section of Corporation	5						
CUDU		nern Robotic Fo	ods, LLC						
SUBJI	ECT:		Name of I	Limited Liability (Company	<u> </u>			
			eign Limited Liability Comp I to register the above refere						
Please	return all co	orrespondence co	oncerning this matter to the	following:					
	1	Lucas Harper							
	-		Na	ime of Person	•				
	:	Southern Roboti	ic Foods, LLC						
	•		Fi	rm/Company		<u> </u>			
		148 River Street	, Ste 202				<u>2</u> ,	201	
	-	-		Address	-		12.5.	2010 OCT	
	•	Greenville, SC 2	29601				7.5. 1.5.	611	
	•		City/St	ate and Zip Code		· · · · · · · · · · · · · · · · · · ·	-i,	70	g i
	lh	arper@chcapilc					735	بب	A eve-
			E-mail address: (to be used	l for future annual	l report not	ification)	Ş.F.	t st	
For fu	rther inform	ation concerning	this matter, please call:						
	Lucas F I			310 _ at (400-298 				
		Name of	f Contact Person	Area Code	Day	time Telephone Num	iber		
	Division (Registrati P.O. Box	G ADDRESS: of Corporations on Section 6327 ee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding centive Center Circle see, FL 32301			
Enclos		k for the followi O Filing Fee	ng amount: \$\Bigsigma \\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filin	-	□ \$160.00 Filing F of Status & Certific			

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOILOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

			17. 6 THI 16. THE
	te name adopted for the purpose of transacting business in		bility Company," "L.L.C," or "LLC.")
2. South Carolina	f which foreign limited liability company is organized)	3. 82-5385847	ber, if applicable)
(Juriscicción under the niw o	which foreign turned maintry company is organized.)	(1 th main	oct, ii approximely
4	(Date first transacted business in Florida, if prior	to registration.)	
	(See sections 605.0904 & 605.0905, F.S. to dete		
5. 1612 NW 34 Terr	of Principal Office)	6. 148 River St, Ste 202 (Mailing Add	
Lauderhill, FL 3331		Greenville, SC 29601	
 Name and street add Name: 	ress of Florida registered agent: (P.O. Bo Lucas F Harper	ox <u>NOT</u> acceptable)	
Office Address	1612 NW Teπ		
	Lauderhill	, Florida 33311	
	(City)	, Florida (Zip cod	ic)
designated in this appli to comply with the prov	cation, I hereby accept the appointment visions of all statutes relative to the prop		in this capacity. I further agre
designated in this appli to comply with the prov	cation, I hereby accept the appointment visions of all statutes relative to the prop- ons of my position as registered agent	as registered agent and agree to act er and complete performance of my	in this capacity. I further agre
designated in this appli to comply with the prov	cation, I hereby accept the appointment visions of all statutes relative to the prop	as registered agent and agree to act er and complete performance of my	in this capacity. I further agre
designated in this appli to comply with the prov and accept the obligation	cation, I hereby accept the appointment visions of all statutes relative to the prop- ons of my position as registered agent	as registered agent and agree to act er and complete performance of my	in this capacity. I further agre
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designated in this applite comply with the provand accept the obligation. 8. The name, title or care.	cation, I hereby accept the appointment visions of all statutes relative to the propons of my position as registered agent apacity and address of the person(s) who	as registered agent and agree to act er and complete performance of my signature) has/have authority to manage is/are:	in this capacity. I further agreduties, and I am familiar with
designated in this applite comply with the provand accept the obligation. 8. The name, title or carries or Capacity:	apacity and address of the person(s) who Name and Address: Lucas F Harper 1612 NW Terr	as registered agent and agree to act er and complete performance of my signature) has/have authority to manage is/are:	in this capacity. I further agreduties, and I am familiar with
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Typed or printed name of signee

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

SOUTHERN ROBOTIC FOODS, LLC,

a limited liability company duly organized under the laws of the State of South Carolina on May 1st, 2018, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 1st day of May, 2018.

Mark Hammond, Secretary of State