

M19000002658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

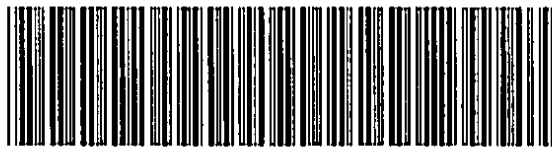
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

156

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 APR 15 AM 9:25

FILED

LLC  
N/C

APR 30 2022

D CONNELL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 FEB -7 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FL

January 18, 2022

MARY RODGERS  
1665 PALM BEACH LAKES BLVD  
SUITE 1004  
WEST PALM BEACH, FL 33411

SUBJECT: FARM RIDGE FOODS LLC  
Ref. Number: M19000002658

We have received your document for FARM RIDGE FOODS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 322A00001252

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FARM RIDGE FOODS LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARY RODGERS

\_\_\_\_\_  
Name of Person

ACKERMAN RODGERS CPA PLLC

\_\_\_\_\_  
Firm/Company

1665 PALM BEACH LAKES BLVD SUITE 1004

\_\_\_\_\_  
Address

WEST PALM BEACH, FL 33401

\_\_\_\_\_  
City/State and Zip Code

MRODGERS@ARCPATAX.COM

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

For further information concerning this matter, please call:

MARY RODGERS

at ( 561 ) 293-4133

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

CR2E055 (9/15)

FEE WAS PREVIOUSLY PAID

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: FARM RIDGE FOODS, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M19000002658

3. Jurisdiction of its organization: NEW YORK

4. Date authorized to do business in Florida: 03/19/2019

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: CHEF INSPIRED FOODS, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, **Florida**

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

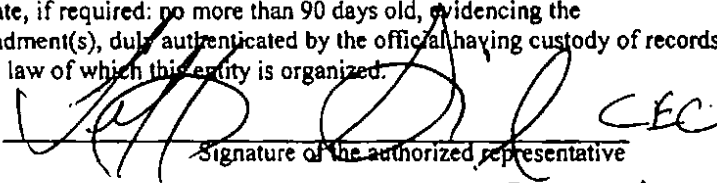
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

☐ Remove

Enclosed

→  CEO  
\_\_\_\_\_  
Signature of the authorized representative  
Jeffrey Siegel  
\_\_\_\_\_  
Jeffrey Siegel  
Typed or printed name of signee

Filing Fee: \$25.00

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: CHEF INSPIRATIONAL FOODS, LLC  
DOS ID Number: 3696820  
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 07/16/2008  
Statement Status: CURRENT  
Statement Due Date: 07/31/2022

certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION  
Date of Filing: 07/16/2008  
Entity Name: FARM RICH FOODS LLC

Document Type: CERTIFICATE OF AMENDMENT  
Date of Filing: 06/11/2009  
Name Changed To: FARM RIDGE FOODS, LLC

Document Type: BIENNIAL STATEMENT  
Date of Filing: 07/28/2010  
Effective Date: 07/01/2010

**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 08/09/2012  
**Effective Date:** 07/01/2012

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 03/08/2019  
**Effective Date:** 07/01/2018

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**Document Type:** BIENNIAL STATEMENT  
**Date of Filing:** 11/10/2021

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**Document Type:** CERTIFICATE OF AMENDMENT  
**Date of Filing:** 12/20/2021  
**Name Changed To:** CHEF INSPIRED FOODS, LLC

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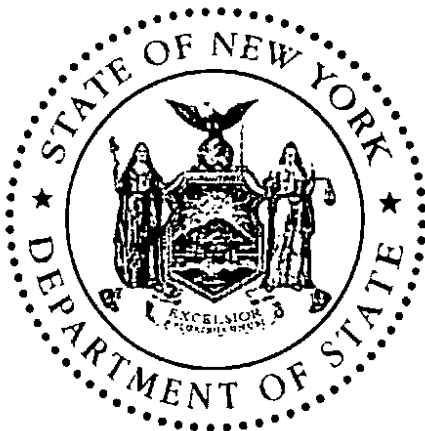
**Document Type:** CERTIFICATE OF AMENDMENT  
**Date of Filing:** 01/14/2022  
**Name Changed To:** CHEF INSPIRATIONAL FOODS, LLC

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department  
of State, at the City of Albany, on February 03, 2022 at  
10:44 A.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State