

MI9000004847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

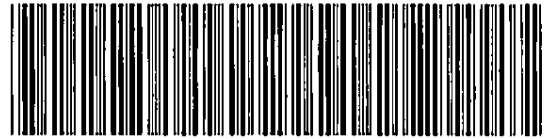
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000329478060

FILED
2019 MAY 15 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
19 MAY 15 AM 9:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Y SCOTT

MAY 16 2019

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
[REDACTED]
850.656.7953

REQUEST DATE 5/15/2019

PRIORITY Routine

OUR REF # (Order ID#) 742313

ORDER ENTITY

PRAIRIE CITY BAKERY, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

- File the attached foreign qualification document
- Please provide a certified copy as evidence.
- Short Form Good Standing Certificate

NOTES:

\$160.00 Authorized

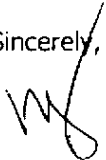
RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

2. Tennessee 3. 83-3625946
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 10260 McKee Rd 6. P.O. Box 750
(Street Address of Principal Office) (Mailing Address)
Collegedale, TN 37315 Collegedale, TN 37315-0750

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation 33324
_____, Florida _____
(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.

Patricia A. Boverio
(Registered agent's signature) Patricia A. Boverio, Asst. Secretary

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TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Laura A. McKinney</u>	<input type="checkbox"/> Manager	Name: <u>Andrew Lang</u>
<input type="checkbox"/> Member	Address: <u>605 Chestnut St Ste 1700</u>	<input type="checkbox"/> Member	Address: <u>10260 McKee Rd</u>
<input type="checkbox"/> Authorized	<u>Chattanooga, TN 37450-0019</u>	<input type="checkbox"/> Authorized	<u>Collegedale, TN 37315</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Attorney-in-Fact</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Director</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Mike McKee</u>	<input type="checkbox"/> Manager	Name: <u>Chris McKee</u>
<input type="checkbox"/> Member	Address: <u>10260 McKee Rd</u>	<input type="checkbox"/> Member	Address: <u>10260 McKee Rd</u>
<input type="checkbox"/> Authorized	<u>Collegedale, TN 37315</u>	<input type="checkbox"/> Authorized	<u>Collegedale, TN 37315</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Director</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Jeff Badger</u>	<input type="checkbox"/> Manager	Name: <u>William J. Skeens</u>
<input type="checkbox"/> Member	Address: <u>10260 McKee Rd</u>	<input type="checkbox"/> Member	Address: <u>100 N Fairway Dr Ste 138</u>
<input type="checkbox"/> Authorized	<u>Collegedale, TN 37315</u>	<input type="checkbox"/> Authorized	<u>Vernon Hills, IL 60061</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Director</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Director</u>	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Laura McKinney
Signature of an authorized person

Laura A. McKinney, Attorney-in-Fact

Typed or printed name of signer



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

CHAMBLISS, BAHNER & STOPHEL, P.C.

May 13, 2019

STE. 1700

605 CHESTNUT ST.

CHATTANOOGA, TN 37450-0019

Request Type: Certificate of Existence/Authorization

Issuance Date: 05/13/2019

Request #: 0315943

Copies Requested: 1

Document Receipt

Receipt #: 004807198

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3758084164

\$20.00

Regarding: Prairie City Bakery, LLC

Filing Type: Limited Liability Company - Domestic

Control #: 1005557

Formation/Qualification Date: 01/16/2019

Date Formed: 01/16/2019

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: HAMILTON COUNTY

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

Prairie City Bakery, 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 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

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 033241423