

M2000000253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

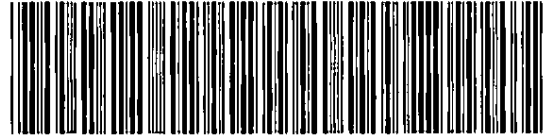
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

2020 FEB 28 PM 4:47

FILED

20 FEB 28 PM 3:57

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✓

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 196811 6729A

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : February 28, 2020

ORDER TIME : 3:17 PM

ORDER NO. : 196811-005

CUSTOMER NO: 6729A

TALLAHASSEE, FLORIDA

2020 FEB 28 PM 4:47

FOREIGN FILINGS

NAME: KROGER FULFILLMENT NETWORK LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

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. Kroger Fulfillment Network 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. Ohio
(Jurisdiction under the law of which foreign limited liability company is organized)

3.
(FBI 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. 1014 Vine Street
(Street Address of Principal Office)

6. 1014 Vine Street
(Mailing Address)

Cincinnati, OH 45202

Cincinnati, OH 45202

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

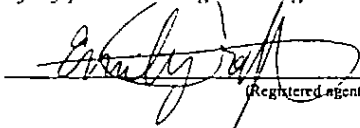
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) , Florida (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) Emily Croft
Asst. Vice President

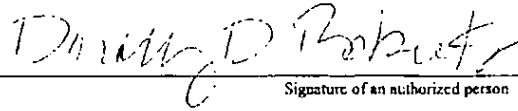
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: The Kroger Co.	<input type="checkbox"/> Manager	Name: Christine S. Wheatley
<input checked="" type="checkbox"/> Member	Address: 1014 Vine Street	<input type="checkbox"/> Member	Address: 1014 Vine Street
<input type="checkbox"/> Authorized	Cincinnati, OH 45202	<input type="checkbox"/> Authorized	Cincinnati, OH 45202
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other President/Sec	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Carin L. Fike	<input type="checkbox"/> Manager	Name: Joseph W. Bradley
<input type="checkbox"/> Member	Address: 1014 Vine Street	<input type="checkbox"/> Member	Address: 1014 Vine Street
<input type="checkbox"/> Authorized	Cincinnati, OH 45202	<input type="checkbox"/> Authorized	Cincinnati, OH 45202
Person		Person	
<input checked="" type="checkbox"/> Other VP & Treasurer	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Asst. Treasurer	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Dorothy D. Roberts	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 1014 Vine Street	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Cincinnati, OH 45202	<input type="checkbox"/> Authorized	
Person		Person	
<input checked="" type="checkbox"/> Other Asst. Secretary	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<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.



Signature of an authorized person
Dorothy D. Roberts, Assistant Secretary

Typed or printed name of signer

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show KROGER FULFILLMENT NETWORK LLC, an Ohio For Profit Limited Liability Company, Registration Number 4440384, was organized within the State of Ohio on February 26, 2020, is currently in FULL FORCE AND EFFECT upon the records of this office.

REC-38
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STATE OF OHIO
SECRET



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 27th day of February, A.D. 2020.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202005801234