

M20000002804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

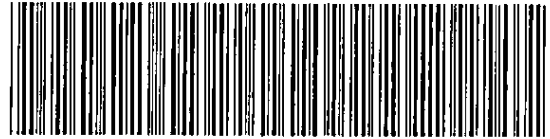
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAR 11 A 9:45

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T. LEMIEUX

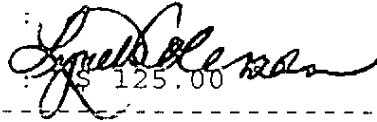
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 226678 7733694

AUTHORIZATION :

COST LIMIT : \$125.00



ORDER DATE : March 10, 2020

ORDER TIME : 10:10 AM

ORDER NO. : 226678-005

CUSTOMER NO: 7733694

FOREIGN FILINGS

NAME: CARDINAL VENDING AND MARKETS,
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#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cardinal Vending and Markets, 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:

Julia G Sowonik

Name of Person

Ropes & Gray LLP

Firm/Company

191 N. Wacker Drive, Floor 32

Address

Chicago, IL 60606

City/State and Zip Code

tdtaylor@spinelinvestco.com

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

For further information concerning this matter, please call:

Julia G Sowonik

312

845-1304

at (_____) _____

Name of Contact 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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. Cardinal Vending and Markets, 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. Delaware

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

3. _____

(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. 1909 N US Highway 301 Suite 160
(Street Address of Principal Office)

6. 11507 MLK Blvd., P.O. Box 1126
(Mailing Address)

Tampa, FL 33619

Mango, FL 33550

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)

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TALLAHASSEE

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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.

Lydia Cohen
Asst. Vice President

(Registered agent's signature)

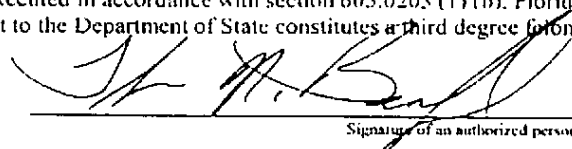
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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: Florida Fresh Intermediate, LLC | <input type="checkbox"/> Manager | Name: Lynne Plante |
| <input checked="" type="checkbox"/> Member | Address: 11507 MLK Blvd., P.O. Box 1126 | <input checked="" type="checkbox"/> Member | Address: 11507 MLK Blvd., P.O. Box 1126 |
| <input type="checkbox"/> Authorized | Mango, FL 33550 | <input type="checkbox"/> Authorized | Mango, FL 33550 |
| Person | | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager | Name: Paul Plante | <input checked="" type="checkbox"/> Manager | Name: Troy D. Taylor |
| <input checked="" type="checkbox"/> Member | Address: 11507 MLK Blvd, P.O. Box 1126 | <input type="checkbox"/> Member | Address: 11507 MLK Blvd, P.O. Box 1126 |
| <input type="checkbox"/> Authorized | Mango, FL 33550 | <input type="checkbox"/> Authorized | Mango, FL 33550 |
| Person | | Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |
| <input type="checkbox"/> Manager | Name: Thomas Benford | <input type="checkbox"/> Manager | Name: |
| <input type="checkbox"/> Member | Address: 11507 MLK Blvd, P.O. Box 1126 | <input type="checkbox"/> Member | Address: |
| <input type="checkbox"/> Authorized | Mango, FL 33550 | <input type="checkbox"/> Authorized | |
| Person | | Person | |
| <input checked="" type="checkbox"/> Other 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
Thomas Benford

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CARDINAL VENDING AND MARKETS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARDINAL VENDING AND MARKETS, LLC" WAS FORMED ON THE THIRD DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7834078 8300

SR# 20202046176

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202556004

Date: 03-10-20