

MA1000005871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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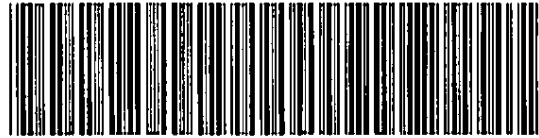
(Business Entity Name)

(Document Number)

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FILED
21 APR 26 AM 8 26
CLERK OF STATE
TALLAHASSEE, FLORIDA

75
5/15/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palmetto Foods Distribution, 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:

Bradley C Garrison
Name of Person

Palmetto Foods Distribution, LLC
Firm/Company

7082 Stonelion Cir
Address

Jacksonville FL, 32256
City/State and Zip Code

Palmettofd001@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bradley C Garrison at (954) 536-6650
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 & ☒ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy 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. Palmetto foods Distribution, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Palmetto foods Distribution of Florida, 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. South Carolina
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-4958640
(FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7082 Stonelion Cir
(Street Address of Principal Office)

6. 7082 Stonelion Cir
(Mailing Address)

Jacksonville, FL 32256

Jacksonville, FL 32256

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

Name: Bradley C Garritsen

Office Address: 7082 Stonelion Cir

Jacksonville, Florida 32256
(City) (Zip code)

FILED
21 APR 26 AM 8:27
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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.

Bradley C Garritsen
(Registered agent's signature)

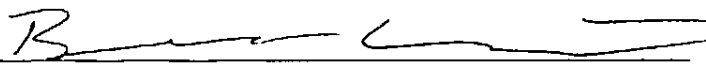
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Bradley Garrison</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Scott Garrison</u>
<input checked="" type="checkbox"/> Member	Address: <u>7082 Stonelun Cir</u>	<input type="checkbox"/> Member	Address: <u>1641 Rugby lane</u>
<input type="checkbox"/> Authorized	<u>Jacksonville, FL 32256</u>	<input type="checkbox"/> Authorized	<u>Florence SC 29501</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<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

Bradley C Garrison
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:

PALMETTO FOODS DISTRIBUTION LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 12th, 2017, 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 21st day
of April, 2021.


Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Apr 21 2021
REFERENCE ID: 762647


SECRETARY OF STATE OF SOUTH CAROLINA

170112-0276	Filed: 1/12/2017
PALMETTO FOODS DISTRIBUTION LLC	
Filing Fee: \$110.00 ORIG	
	
Mark Hammond	South Carolina Secretary of State

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
FOR A
LIMITED LIABILITY COMPANY**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is PALMETTO FOODS DISTRIBUTION LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is
1009 VIA SALVATORE
Street Address

FLORENCE SC 295018966
City Zip Code

3. The initial agent for service of process of the Limited Liability Company is
BRADLEY C GARRITSON Electronically filed on SCBOS.
Signature not required.
Name Signature

and the street address in South Carolina for this initial agent for service of process is

1009 VIA SALVATORE
Street Address

FLORENCE SC 295018966
City Zip Code

4. The name and address of each organizer is
a) BRADLEY C GARRITSON
Name

1009 VIA SALVATORE
Street

FLORENCE SC US 295018966
City State Zip Code

5. ☐ Check this box if the company is to be a term company. If so, provide the term specified:

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

PALMETTO FOODS DISTRIBUTION LLC
Name of Corporation

Apr 21 2021

REFERENCE ID: C7026475 Check this box only if management of the limited liability company is vested in a manager or
managers. If this company is to be managed by managers, specify the name and address of each
anager.

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

7. ☐ Check this box if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

10. Signature of each organizer

Electronically filed on SCFOS.
Refer to attached signature page.

Date 2017-01-12