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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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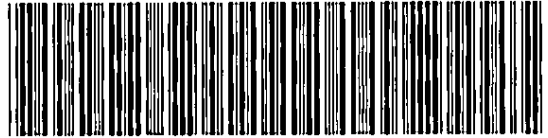
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP 10 AM 11:41

SECRETARY OF STATE
ATLANTA, GEORGIA

2021 SEP 10 AM 9:26

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

ACCOUNT NO. : I20000000195

REFERENCE : 993641 7991914

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : September 9, 2021

ORDER TIME : 5:28 PM

ORDER NO. : 993641-005

CUSTOMER NO: 7991914

FOREIGN FILINGS

NAME: SYSCO CHARLOTTE, 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: Eyliena Baker -- EXT# 61594

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SYSCO CHARLOTTE, 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:

CARRIE V. TINDAL

Name of Person

SYSKO CHARLOTTE, LLC
Firm/Company

1390 ENCLAVE PARKWAY
Address

HOUSTON, TEXAS 77077

City/State and Zip Code

CARRIE.TINDAL@SYSCO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARRIE V. TINDAL at (281) 584-1390
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. SYSCO CHARLOTTE, 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 4500 CORPORATE DRIVE NW 6. 1390 ENCLAVE PARKWAY
(Street Address of Principal Office) (Mailing Address)

CONCORD, NORTH CAROLINA 29027 HOUSTON, TEXAS 77077

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

Name: CORPORATION SERVICE COMPANY

Office Address: 1201 HAYS STREET

TALLAHASSEE . Florida 32301
(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.

Eylina Bahor
Assistant Vice President
(Registered agent's signature)

2021 SEP 10 AM 9:26

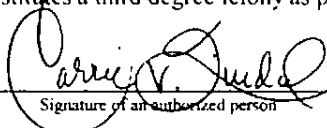
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>GREG D. BERTRAND</u>	<input checked="" type="checkbox"/> Manager	Name: <u>STEPHEN D. HIGGS</u>
<input type="checkbox"/> Member	Address: <u>1390 ENCLAVE PARKWAY</u>	<input type="checkbox"/> Member	Address: <u>1390 ENCLAVE PARKWAY</u>
<input type="checkbox"/> Authorized	<u>HOUSTON, TEXAS 77077</u>	<input type="checkbox"/> Authorized	<u>HOUSTON, TEXAS 77077</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>EVE M. MCFADDEN</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1390 ENCLAVE PARKWAY</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>HOUSTON, TEXAS 77077</u>	<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: <u>GERALD W. CLANTON</u>	<input type="checkbox"/> Manager	Name: <u>CARRIE V. TINDAL</u>
<input type="checkbox"/> Member	Address: <u>1390 ENCLAVE PARKWAY</u>	<input type="checkbox"/> Member	Address: <u>1390 ENCLAVE PARKWAY</u>
<input type="checkbox"/> Authorized	<u>HOUSTON, TEXAS 77077</u>	<input checked="" type="checkbox"/> Authorized	<u>HOUSTON, TEXAS 77077</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Vice President & Secretary</u>	<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

CARRIE V. TINDAL

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SYSCO CHARLOTTE, 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 NINTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYSCO CHARLOTTE, LLC" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 1999.

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



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

3125863 8300

SR# 20213206669

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

Authentication: 204121161

Date: 09-09-21