

M21000017478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

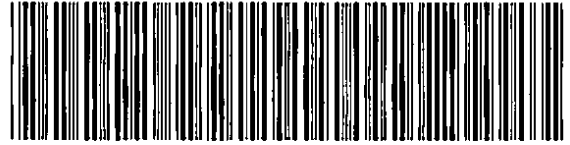
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ALLAHABAD, INDIA

K. SALY

DEC 27 2021

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

ACCOUNT NO. : I20000000195  
REFERENCE : 344524 8199056  
AUTHORIZATION :   
COST LIMIT : \$ 125.00

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ORDER DATE : December 21, 2021  
ORDER TIME : 8:35 AM  
ORDER NO. : 344524-005  
CUSTOMER NO: 8199056

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FOREIGN FILINGS

NAME: BAKE FRESH COMPANY, 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: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Bake Fresh Company, 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:**

Nicole Lowe

Name of Person

Coppermine Bakery Holdco, LLC

Firm/Company

2220 Paramount Avenue, Suite 103

Address

Chesapeake, Virginia 23320

City/State and Zip Code

[nlowe@copperminebakeries.com](mailto:nlowe@copperminebakeries.com)

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

For further information concerning this matter, please call:

Nicole Lowe

757

420-8840 X 323

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. Bake Fresh Company, 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. 71-0989815  
(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. 2220 Paramount Ave, Suite 103 6. 2220 Paramount Ave, Suite 103  
(Street Address of Principal Office) (Mailing Address)

Chesapeake, Virginia 23320 Chesapeake, Virginia 23320

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.

Corporation Service Company  
By: Alexxis Weibnd assistant vice president  
(Registered agent's signature)

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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]:

Title or Capacity:                      Name and Address:  
☒ Manager      Name: G. Zachary Gund  
☐ Member      Address: 2220 Paramount Ave  
☐ Authorized      Suite 103  
Person      Chesapeake, VA 23320  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
Person      \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
Person      \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:  
☒ Manager      Name: Jeffrey A. Saunders  
☐ Member      Address: 2220 Paramount Ave  
☐ Authorized      Suite 103  
Person      Chesapeake, VA 23320  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

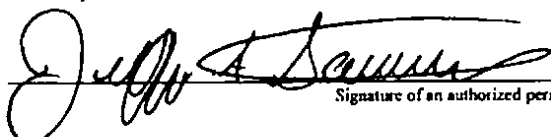
☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
Person      \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
Person      \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ 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  
Jeffrey A. Saunders  
\_\_\_\_\_  
Typed or printed name of signer

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BAKE FRESH COMPANY, 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 TWENTY-FIRST DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAKE FRESH COMPANY, LLC" WAS FORMED ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2005.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

4044730 8300

SR# 20214176481

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 205048768

Date: 12-21-21