

M23000001376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

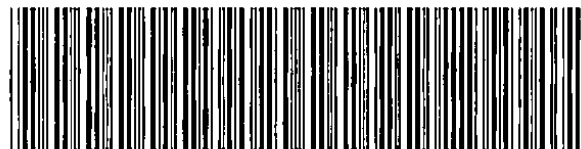
(Document Number)

Additional Copies _____

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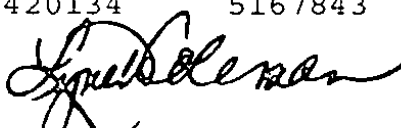
RECEIVED
DIRECTOR'S OFFICE
FLORIDA
TALLAHASSEE, FLORIDA

2023 FEB 1 PM 3:25

S. FRANKLIN

FEB 02 2023

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

ACCOUNT NO. : I20000000195
REFERENCE : 420134 5167843
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : January 30, 2023
ORDER TIME : 12:51 PM
ORDER NO. : 420134-020
CUSTOMER NO: 5167843

FOREIGN FILINGS

NAME: FLOWERS BAKERIES SALES OF
ALABAMA, 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: FLOWERS BAKERIES SALES OF ALABAMA, 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:

BRENDA SMITH

Name of Person

FLOWERS FOODS, INC

Firm/Company

1919 FLOWERS CIRCLE

Address

THOMASVILLE, GA 31757

City/State and Zip Code

BRENDA.SMITH@FLOCORP.COM

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

For further information concerning this matter, please call:

BRENDA SMITH

904

519.2949

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. FLOWERS BAKERIES SALES OF ALABAMA, 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. ALABAMA

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

3. 88-2693203

(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. 827 MIMOSA PARK ROAD

(Street Address of Principal Office)

BIRMINGHAM, AL 35405

6. 1919 FLOWERS CIRCLE

(Mailing Address)

THOMASVILLE, GA 31757

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)

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:

Alexis Weir, assistant 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 authorize manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: LINDA JONES

☐ Member Address: 1919 FLOWERS CIRCLE,

☐ Authorized THOMASVILLE, GA 31757

Person

☐ Other ☐ Other

☒ Manager Name: STEPHANIE TILLMAN

☐ Member Address: 1919 FLOWERS CIRCLE,

☐ Authorized THOMASVILLE, GA 31757

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: JAMES THOMAS RIECK

☐ Member Address: 1919 FLOWERS CIRCLE

☐ Authorized THOMASVILLE, GA 3175

Person

☐ 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.

DocuSigned by:

 36656FCD19F640B .. Signature of an authorized person

STEPHANIE TILLMAN

Typed or printed name of signee