# P06000008PM



ACCOUNT NO. : 072100000032

REFERENCE: 784081 4729072

AUTHORIZĀTION

COST LIMIT : \$ 285.00

ORDER DATE: April 16, 1998

ORDER TIME : 9:18 AM

ORDER NO. : 784081-005

CUSTOMER NO: 4729072

CUSTOMER: Lenora Fisher, Legal Asst

Cohen Pollack Merlin Roland

Suite 300

2100 Riveredge Parkway, N.w.

Atlanta, GA 30328

FOREIGN FILINGS

NAME: TORREFAZIONE ITALIA LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

Name 1/20/18 CERTIFIED COPY
Availability XX 002 PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

Examiner DCC

ABITITIES DOG

Updater CONTACT PERSON: Robert Maxwell

DUC

Updater Verifyer FCC
Acknowledgement DCC

W. P. Verifyer

POSE 000,000 300

98 APR 20 ANN APR 20 PM 2: 20
DIVISION OF COSECRETARY OF STATE TALLAHASSEE, FLORIDA

--600002493256--2

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of foreign limited liability c	ompany must end with	the words "limited company" or th	neir abbreviation
L.C." if not so contained in the na	ame at present.)		
II-ahimatan Stat	T.O.	3 91-1895026	_
Washington Stat Jurisdiction under the law of whi			oplicable)
company is organized)	on foreign minica naon	.,	•
,			0010
March 11, 1998	5	December 31,	
(Date of Organization)		on: Year limited liability company v	VIII. Cease Bo exist
	or pe	rpetual")	EGR .
April 1, 1998			野ヌエ
Date first transacted business in	Florida. (See sections 608	3.501, 608.502 and 817.155, F.S.)	SS N L
•			Mo _ M
c/o Seattle Co	ffee Company		TES Z O
	n 1 C.:t. 1	700 Atlanta CA 30328	SE SI
		700, Atlanta, GA 30328	: 20 ATE RIDA
(Stieet au	dress of principal offic	<del>c</del> )	
	er [MGR]. It is not r	me, title, and business addres necessary to list members.	
(attach additional page if necessary)	er[MGR]. It is not r )	necessary to list members.	
(attach additional page if necessary) NAME & ADDRESS:	er [MGR]. It is not r	necessary to list members.  NAME & ADDRESS:	TITLE:
(attach additional page if necessary) NAME & ADDRESS:	er[MGR]. It is not r )	necessary to list members.	
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(attach additional page if necessary)  NAME & ADDRESS:  eattle Coffee Company ix Concourse Parkway uite 1700	er [MGR]. It is not r ) TITLE:	necessary to list members.	

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized represe	ntative of a member of
Torrefazione Italia LLC	deposes and says:
1) the above named limited liability company ha	s at least*two members
2) the total amount of cash contributed by the n	- 'CO
	TANKS 20
4) the total amount of cash or property anticipal \$\frac{0}{2}\$. This total includes amo SEATTLE COFFEE COMPANY,	ted to be contributed by member(s) is unts from 2 and 3 above.
a Georgia corporati  Signature of a member or authorized (In accordance with section 608.408(3)) Florida	on, Member
(In accordance with section 608,400(3)/ Profiles	eriury that the facts stated herein are true.)

by: Samuel N. Frankel, Executive Vice President

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:	TORREFAZIONE	ITALIA	LLC		
		-		-	
2. The name and address of the registered agent and office is:  CORPORATION SERVICE COMPANY			98 APR 20 SECRETARY FALLAHASSE	三	- <del></del>
(Name)			THO P		
1201 HAYS STREET  (P.O. Box not acceptable)			1 2: 20 STATE LORIDA		
TALLAHASSEE, FL 32301 (City/State/Zip)		<del></del>			

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Carll Det	APRIL 16, 1998
(Signature)	(Date)

### STATE of WASHINGTON



### SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE/AUTHORIZATION

**OF** 

#### TORREFAZIONE ITALIA LLC

I FURTHER CERTIFY that the records on file in this office show that the above named limited liability company was formed under the laws of the State of Washington and was issued a Certificate of Formation in Washington on March 11, 1998.

I FURTHER CERTIFY that as of the date of this certificate, no cancellation have been filed, and that the limited liability company is duly authorized to transact business in the limited liability company form in the State of Washington.



Date: April 17, 1998

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital



DMN