

ACCOUNT NO. : 072100000032

REFERENCE : 304913

AUTHORIZATION

COST LIMIT : \$ 285.00

ORDER DATE\_: July 13, 1999

ORDER TIME : 1:55 PM

900002937039-

ORDER NO. : 304913-005

CUSTOMER NO: 4311681

CUSTOMER: Nicole Reese, Legal Asst

Gibson Dunn & Crutcher LLP

200 Park Avenue

48th Floor

New York, NY 101660193

FOREIGN FILINGS

NAME:

RECIPES AS PRODUCTS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

5-1.269



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 21, 1999

CSC

SUBJECT: RECIPES AS PRODUCTS LLC

Ref. Number: W99000016738

We have received your document for RECIPES AS PRODUCTS LLC and the authorization to debit your account in the amount of \$285.00. However, the document has not been filed and is being returned for the following:

You must list your Federal Employer Identification Number in the appropriate block. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan Document Specialist

Letter Number: 799A00037221

RESUBMIT

Please give original submission date as file date.

99 JUL 20 PM 3: 19 SPUNG DARY OF STATE FALLAHASSEE, FLORIDA

# 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:

1.	Recipes As Products LLC		-			
	(Name of foreign limited liability company n so contained in the name at present.)	must end with the w	ords "limited company" or their abbr	eviation "L.C." if not		
2.	Delaware (Jurisdiction under the law of which foreign company is organized)	3. limited liability	Applied For (FEI number, if applica	ible)		
4.	July 1, 1999 (Date of Organization)	5.	Perpetual (Duration: Year limited liability co	mpany will cease to		
6.	Upon filing		,			
	(Date first transacted business	in Florida. (See sect	tions 608.501, 608.502, and 817.155, F	.S.)		
7.	11342 Lakeview Drive, Coral Springs, Florida 33071					
		(Street address of pr	incipal office)			
т	*					
W	ist name, title, and business address rill manage the foreign limited liabili	of each managi ty company in l	ng member[MGRM] or mana Florida: (attach additional pag	ger[MGR]who e if necessary)		
w	ist name, title, and business address rill manage the foreign limited liability NAME & ADDRESS:	of each managi ty company in l	ng member[MGRM] or mana Florida: (attach additional pag NAME & ADDRESS:	ger[MGR]who e if necessary)  TITLE:		
w	m manage me foreign nimited nabin	ty company in	Florida: (attach additional pag	e if necessary)		
W	NAME & ADDRESS:	TITLE:	Florida: (attach additional pag	e if necessary)		
w	NAME & ADDRESS:  John T. Gray  421 Park Forest W	TITLE:	Florida: (attach additional pag	e if necessary)		
w	NAME & ADDRESS:  John T. Gray  421 Park Forest W	TITLE:  MGRM  May  3414	Florida: (attach additional pag	e if necessary)		
w	NAME & ADDRESS:  John T. Gray  421 Park Forest W  Wellington, FL 3	TITLE:  MGRM  May  3414  MGR	Florida: (attach additional pag	FILL SECURE AND FILL SECURE AN		
w	NAME & ADDRESS:  John T. Gray  421 Park Forest W  Wellington, FL 3  Robert C. Fertsch	ty company in I  TITLE:  MGRM  MGR  3414  MGR  ive	Florida: (attach additional pag	e if necessary)		
w	NAME & ADDRESS:  John T. Gray  421 Park Forest W  Wellington, FL 3  Robert C. Fertsch  11342 Lakeview Dr	ty company in I  TITLE:  MGRM  MGR  3414  MGR  ive	Florida: (attach additional pag	FILL SECURE AND FILL SECURE AN		
W	NAME & ADDRESS:  John T. Gray  421 Park Forest W  Wellington, FL 3  Robert C. Fertsch  11342 Lakeview Dr	ty company in I  TITLE:  MGRM  MGR  3414  MGR  ive	Florida: (attach additional pag	FILL SECURE AND FILL SECURE AN		

8.

<sup>9.</sup> Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate in in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

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

The member or authorized representative of a member of Recipes As	Products	LLC
certifies:		
1) the above named limited liability company has at least one member;		
2) the total amount of cash contributed by the member(s) is	\$ <u>1,000</u>	;
3) if any, the agreed value of property other than cash contributed by member(s) is  (A description of the property is attached and made a part hereto.)  and	\$	_;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is  (This total includes amounts from 2 and 3 above.)	\$1,000	····· *
Signature of a member or an authorized representative of a mem (In accordance with section 608.408(3), Florida Statutes, the execution of this	ber.	
affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		
William A. Gray  Typed or printed name of signee	<del></del>	

Filing Fee: \$250.00 for Application and Affidavit

99 JUL 20 PM 3: 19
SECKETANT OF STARL
TALLAHASSEF ELCRINA

FILED

# 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 SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:				
Recipes As Products LLC				
2. The name and the Florida street address of the registered agent and office are:				
John T. Gray (Name)				
421 Park Forest Way Florida street address (P.O. Box NOT ACCEPTABLE)				
Wellington, FL 33414 City/State/Zip				

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: (Signature)

Filing Fee: \$ 35 for Designation of Registered Agent

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#### State of Delaware

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#### Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RECIPES AS PRODUCTS 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 THIRTEENTH DAY\_OF JULY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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17-13-99

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: