



## FOREIGN REGISTRATION STATEMENT

					B088
				For Office Use Only	5 - - - -
(S)	Carlo PA		TION STATEMENT	-FILED-	788
	Title 30, Chapter Base Filing fee: \$10		ne manual processing ( <u>form must be</u>	File #: 0005734364 typed) Date Filed: 5/2/2024 12:55:00 PM	05/0
	The name of the entity is: FLOW	VERS BAKERI	ES SALES OF DESERT MO	UNTAIN, LLC	2/
	The name which it shall use in Idaho is:				N O
	Calant that town of autitorium viels		(Enter a name here, only if you are require	d to adopt an alternate name)	24
	Select the type of entity you wish to register:   Business Corporation  General Partnership				_
	☐ Nonprofit Corporation ☐ General Cooperative Association				2
	☐ Limited Liability Partnership		Partnership (Including a limited lia	bility limited partnership	ري ري
	☐ Limited Liability Company ☐ Statutory Trust, Business Trust, or Common-law Business Trust				G.
	Other:				PM
			nly if your foreign entity type is not listed about	ove, and enter the type here.)	₽ e
	Jurisdiction of formation: NEVA				D
	(Provide the domestic jurisdiction where the entity was formed)  The address of its principal office is:				Ď.
	3348 LOSEE ROAD, NORTH LAS VEGAS, NV 89030				ξ
	(Street Address)				<u>ф</u>
1919 FLOWERS CIRCLE THOMASVILLE, GA 31757				<u> </u>	
	(Mailing Address, if different)				₹
	The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:				Off
	(Street Address)				Q.
	(Mailing Address, if different)				<del>- ii</del>
	The mailing address to which correspondence should be addressed, if different from item 5, is:				о Н
	(Address)				_ <del>⊈</del>
	Name and street address of registered agent in Idaho:				n u
	Corporation Service Company 1305 12th Avenue Road, Nampa, ID 83686				효
	(Name and Address)				daho
	The name, capacity, and mailing address of at least one governor:				_
	STEPHANIE B. TILLMAN	MANAGER	1919 FLOWERS CIRCLE	THOMASVILLE, GA 3175	7 72 100
	(Name)	(Capacity)	(Address)		ថ្ព័
	LINDA G SMITH	MANAGER	1919 FLOWERS CIRCLE	THOMASVILLE, GA 3175	<del> </del>
	(Name)	(Capacity)	(Address)	Secretary of State use only	<u>+</u>
				occording or dute and only	ary
	Ammeriaans —				O Hi
Typed Name: STEPHANIE B TILLMAN					Ø
Stephanie Tillman					ğ
۲	Signature: Stephanie Tillman (Apr 30, 20)	24 10:20 EDT)			ď
_	Capacity: MANAGER		1		æ
•	rapacity. IVINITACEIN				



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, FLOWERS BAKERIES SALES OF DESERT MOUNTAIN, LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 04/27/2024, and is in good standing in this state.



Certificate Number: B202404304607843

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/30/2024.

B0885-6

12:55 PM Received

Idano Secretary

FRANCISCO V. AGUILAR Secretary of State