

F03000006477

Division of Corporations

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Florida Department of State
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FOREIGN PROFIT QUALIFICATION

Pennsylvania Mushroom Distributors, Inc.

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Pennsylvania Mushroom Distributors, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania 3. 23-2966205
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 25, 1998 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 649 W. South Street, Kennett Square, Pennsylvania 19348
(Principal office address)

649 W. South Street, Kennett Square, Pennsylvania 19348
(Current mailing address)

8. Produce distribution
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

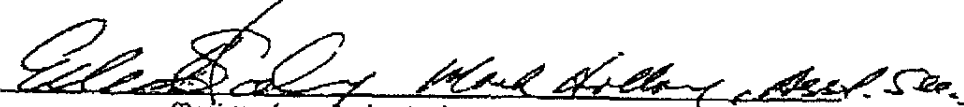
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation 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.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: John J. Pia

Address: 649 W. South Street, Kennett Square, Pennsylvania 19348

Director: Michael L. Pia

Address: 649 W. South Street, Kennett Square, Pennsylvania 19348

B. OFFICERS

President: John J. Pia

Address: 649 W. South Street, Kennett Square, Pennsylvania 19348

Vice President: _____

Address: _____

Secretary: Michael L. Pia

Address: 649 W. South Street, Kennett Square, Pennsylvania 19348

Treasurer: Michael L. Pia

Address: 649 W. South Street, Kennett Square, Pennsylvania 19348

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. X

(Signature of Director or Officer listed in number 12 of the application)

14. John J. Pia, President

(Typed or printed name and capacity of person signing application)

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

December 29, 2003

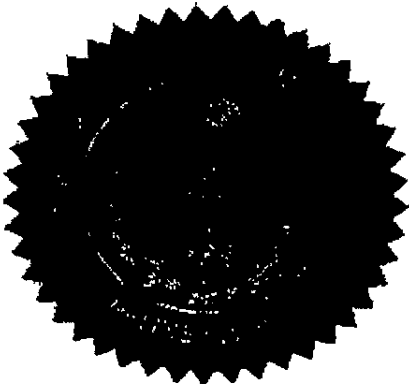
TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

PENNSYLVANIA MUSHROOM DISTRIBUTORS, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

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IN TESTIMONY WHEREOF, I
have hereunto set my hand and
caused the Seal of the
Secretary's Office to be affixed,
the day and year above written.

Pedro C. Cente's

Secretary of the Commonwealth

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