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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	FCT: Stevie's Italian Foods, Inc.				
5000		of corporation -	must include suffix		
Dear S	ir or Madam;				
"Certif	closed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to t	of Good Stand	ing" and check are subn		
Please	return all correspondence concern	ing this matter t	o the following:		
David .	J. Hensley, CPA, EA				
		Name of P	erson		
David.	J. Hensley CPA, Inc.				
		Firm/Comp	any		
450 So	uth Durkin Dr.				
		Addres	S		
Spring	field, IL 62704				
		City/State and	d Zip code	:	
dhensle	ey@davidjhensleycpa.com				2023 11.
	E-mail address	s: (to be used fo	r future annual report no	otification)	F 1
For fur	ther information concerning this n	natter, please ca	11:		23
David J	David J. Hensley 217 788-0750				T:
	Name of Person	at (217 Area Code) 788-0750 Daytime Teleph	one Number	ယ္က ဟ
		THE CANCE	isky iiii e referii		0
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please 1	ed is a check for the following amo make check payable to: FLORIDA D .00 Filing Fee	EPARTMENT (og Fee & □	OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Certificate o Certified Co	f Status &

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	Stevie's Italian Foods, Inc.				
	orporation; must include "INCORPORATED," orp," "Inc." "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting l	business in Florida)		
2. Stevie's Italian I	Products, Inc. 3. Ty under the law of which it is incorporated)	56-1737982			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
4. January 15, 199	³ 5.				
(Date	of incorporation)	(Date of duration, if other tha	in perpetual)		
6					
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15)		
7. 9080 Chula Vista	Street, Unit 10401, Naples, FL 34113	, , ,			
		ee <u>street</u> address)			
	(Current mailing	g address, if different)			
			20.		
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)					
Name:	Stephen D. Crifasi		~>		
207	9080 Chula Vista Street, Unit 10401	- 	(.)		
Office Address:					
		, Florida <u></u>	()) (3		
	(City)	(Zip code)	<u> </u>		

9. 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)

10. 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.

A. DIRECTORS: Stephen D. Crifasi □ Chairman **■**Chairman Name: 9080 Chula Vista Street ☐ Vice Chairman Address: □Vice Chairman Address: _______ Unit 10401 □ Director □ Director Naples, FL 34113 □ President □President ☐ Vice President ☐ Vice President ■ Secretary ■ Treasurer ☐ Secretary □Treasurer □Other _____ □Other _____ □Other _____ □Other ____ □ Chairman Name: _____ ☐ Chairman Name: □Vice Chairman Address; □ Vice Chairman Address: □ Director □ Director □President □President □Vice President ___ ☐Vice President □Treasurer □ Treasurer □ Secretary ☐ Secretary Other _____ □Other _____ Name: _____ □ Chairman Name: _____ □ Chairman □Vice Chairman Address: _____ □ Vice Chairman Address: _____ □ Director □ Director 0.5 □President ☐ President □Vice President _ □ Vice President □ Secretary □Treasurer □ Secretary □ Treasurer

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals report for the index when filing your Florida Department of State Annual Report form.

□Other _____

□Other

individuals near be added to the index when filing your Florida Department of State Annual Report form

□Other _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

STEVIE'S ITALIAN FOODS, INC., INCORPORATED IN NORTH CAROLINA AND LIGENSED TO TRANSACT BUSINESS IN THIS STATE ON SEPTEMBER 13, 2002, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

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In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH

day of MARCH A.D. 2020

Authentication #: 2007901104 verifiable until 03/19/2021 Authenticate at: http://www.cyberdriveillinois.com Desse White