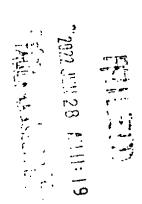
F22000004052

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

2022 JUN 28 PM 3: 3!

DIVISION OF CHATIONS TALLAHASSEE, FLORIDA

S. ROBERTS
JUN 2 9 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 640655 8155588
AUTHORIZATION: Squell de man
COST LIMIT : \$ 70.00
ORDER DATE : April 26, 2022
ORDER TIME : 1:55 PM
ORDER NO. : 640655-030
CUSTOMER NO: 8155588
FOREIGN FILINGS
NAME: PARIS BAGUETTE AMERICA, INC.
XXXX QUALIFICATION (TYPE: CO)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY X PLAIN STAMPED COPY X CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

	ration Section on of Corporations			
SUBJECT:	Paris Baguette America, Inc.			
DODGE CT.	Name	of corporation - m	ust include suffix	
Dear Sir or Ma	ıdam:			
"Certificate of	'Application by Foreign Co Existence," or "Certificate ed foreign corporation to to	of Good Standing	" and check are sub	
Please return a	ll correspondence concerni	ing this matter to t	he following:	
Legal Departme	ent			
		Name of Pers	on	
Paris Baguette	America, Inc.			
		Firm/Company	y	
137 W. Comme	rcial Avenue			
		Address		
Moonachie, NJ	07074			
		City/State and Z	ip code	· · · · · · · · · · · · · · · · · · ·
mcruff@parisba	iguette.com			
	E-mail address	s: (to be used for fi	iture annual report n	otification)
For further info	ormation concerning this m	natter, please call:		
Mary Ruff		at (201) 5	Daytime Telepl	
Name	of Person	Area Code	Daytime Telepl	hone Number
Regist Division The Co 2415 N	ET/COURIER ADDRES ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
	heck for the following amount of the control of the	EPARTMENT OF g Fee & \qu	STATE 3.75 Filing Fee & rtified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Paris Baguette America	. Inc.		
	ame of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreig "Certificate of Existence," or "Certificate of corporation above referenced foreign corporation	icate of Good Stand	ling" and check are submitted to reg	
Please return all correspondence con	cerning this matter	to the following:	
Legal Department			
	Name of F	Person	
Paris Baguette America, Inc.			
	Firm/Com	pany	· · · · · ·
137 W. Commercial Avenue			
	Addres	SS	
Moonachie, NJ 07074			
	City/State an	d Zip code	28
mcruff@parisbaguette.com			22 J
E-mail ad	dress: (to be used fo	or future annual report notification)	्र इ.स.
For further information concerning t	his matter, please ca	d1:	ETTER THE I
Mary Ruff	201 at (507-4805 x30153	
Name of Person	Area Code	Daytime Telephone Numbe	9
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	A DEPARTMENT	\$78.75 Filing Fee & Certified Copy \$87.50 Certified Copy	Filing Fee, cate of Status & ed Copy

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.

(If name unav	•	adopted for the purpose of transacting business in Florida)	
2. Delaware	3.	20-4976008 (FEI number, if applicable)	
(State or cou	ntry under the law of which it is incorporated)	(FEI number, if applicable)	
4	5.	(Date of duration, if other than perpetual)	
(D	ate of incorporation)	(Date of duration, if other than perpetual)	
6			
		02, F.S., to determine penalty liability)	
7. Palm Hills She	opping Center, 325 S. Orlando Avenue, Winter Pa	rk, FL 32 789	
· ·		ce street address)	
137 W. Comm	nercial Avenue, Moonachie, NJ 07074	~2	
	1.5		
	(Current mailin	g address, if different)	
	(Current mailin	~ · · · · · · · · · · · · · · · · · · ·	۱۳ است. ا
8. Name and <u>si</u>	(Current mailing reet address of Florida registered agent: (P.O	~ · · · · · · · · · · · · · · · · · · ·	الم المراجعة المراجعة
8. Name and <u>st</u> Name:	reet address of Florida registered agent: (P.O	~ · · · · · · · · · · · · · · · · · · ·	
Name:	reet address of Florida registered agent: (P.O Corporation Service Company	~ · · · · · · · · · · · · · · · · · · ·	1
	reet address of Florida registered agent: (P.O Corporation Service Company	Box NOT acceptable) Alt 29 AND 10	***
Name:	reet address of Florida registered agent: (P.O Corporation Service Company 1201 Hays Street Tallahassee	Box NOT acceptable) 7 July 29 7 10 7 July 29 7 10 7 Rorida 32301	
Name:	reet address of Florida registered agent: (P.O Corporation Service Company	Box NOT acceptable) Alt 29 AND 10	
Name: Office Address	Corporation Service Company 1201 Hays Street Tallahassee (City)	Box NOT acceptable) 7 July 29 7 10 7 July 29 7 10 7 Rorida 32301	
Name: Office Address 9. Registered Having been n	reet address of Florida registered agent: (P.O Corporation Service Company 1201 Hays Street Tallahassee (City) agent's acceptance: amed as registered agent and to accept service	Box NOT acceptable) 7 July 29 7	
Name: Office Address 9. Registered Having been n designated in to	Corporation Service Company 1201 Hays Street Tallahassee (City) agent's acceptance: amed as registered agent and to accept service is application, I hereby accept the appointment.	Box NOT acceptable) 7. Box NOT acceptable) 7. Florida 32301 7. (Zip code) 7. Ce of process for the above stated corporation at the planent as registered agent and agree to act in this capacity	y. I
Name: Office Address 9. Registered Having been notes that the surrey that the	Corporation Service Company 1201 Hays Street Tallahassee (City) agent's acceptance: amed as registered agent and to accept service is application, I hereby accept the appointment.	Box NOT acceptable) , Florida 32301, Florida (Zip code) The of process for the above stated corporation at the planent as registered agent and agree to act in this capacity that the proper and complete performance of my and agree to the proper and complete performance of my and agree to the proper and complete performance of my and agree to the proper and complete performance of my and agree to the proper and complete performance of my agree to the perfor	y. I
Name: Office Address 9. Registered Having been notes that the surrey that the	Tallahassee (City) agent's acceptance: amed as registered agent and to accept service is application, I hereby accept the appointment of comply with the provisions of all statutes register and accept the obligations of my position of the comply with and accept the obligations of my positions.	Box NOT acceptable) , Florida 32301, Florida (Zip code) The of process for the above stated corporation at the planent as registered agent and agree to act in this capacity elative to the proper and complete performance of my assition as registered agent.	y. I
Name: Office Address 9. Registered Having been notes that the surrey that the	Tallahassee (City) agent's acceptance: amed as registered agent and to accept service is application, I hereby accept the appointment of comply with the provisions of all statutes register and accept the obligations of my position of the comply with and accept the obligations of my positions.	Box NOT acceptable) , Florida 32301, Florida (Zip code) The of process for the above stated corporation at the planent as registered agent and agree to act in this capacity that the proper and complete performance of my and agree to the proper and complete performance of my and agree to the proper and complete performance of my and agree to the proper and complete performance of my and agree to the proper and complete performance of my agree to the perfor	y. I

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS Name: Hec Soo Hur Name: Jin Soo Hur □ Chairman □ Chairman Address: _____137 W. Commercial Ave. 137 W. Commercial Ave. Address: ☐ Vice Chairman □ Vice Chairman Moonachie, NJ 07074 Moonachie, NJ 07074 Director Director □ President ☐ President ☐ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other ____ Other _____ □ Other _____ □Other _____ Name: _____ Name: Darren Tipton □ Chairman □ Chairman 137 W. Commercial Ave. 137 W. Commercial Ave. Address: ☐ Vice Chairman ☐ Vice Chairman Moonachie, NJ 07074 Moonachie, NJ 07074 ■ Director Director President □ President ☐ Vice President ☐ Vice President _____ ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer Other ___ □ Other _____ □Other _____ Other ____ Name: Mi Hyang Lee □ Chairman Chairman Name: □ Vice Chairman Address: _____ ☐ Vice Chairman Address: Moonachie, NJ 07074 **■**Director □ Director □ President □ President □ Vice President _____ ☐ Vice President ☐ Secretary ☐Treasurer ☐ Secretary □ Treasurer Other _____ Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Elorida Department of State Annual Report form, 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. Darren Tipton

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



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PARIS BAGUETTE AMERICA, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JUNE, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARIS BAGUETTE

AMERICA, INC." WAS INCORPORATED ON THE SECOND DAY OF JANUARY, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203787938

Date: 06-28-22