

# F0900000 5173

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**New World Pasta Company**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

DEC 24 2009

D.A. WHITE

RECEIVED  
09 DEC 23 PM 3:54  
FILED  
2009 DEC 23 A 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2009 DEC 23 A 11: 57

COVER LETTER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TO: New Filing Section  
Division of Corporations

SUBJECT: New World Pasta Company

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Justin Stefanelli

Name of Person

New World Pasta Company

Firm/Company

85 Shannon Rd

Address

Harrisburg PA 17112

City/State and Zip code

jstefanelli@nwppasta.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Stefanelli

Name of Person

at (717) 526-2431

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Cop    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

FILED

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.

2008 DEC 23 A 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. New World Pasta Company

(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. Delaware

(State or country under the law of which it is incorporated)

3. 204092084

(FEI number, if applicable)

4. 06/09/2006

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 01/01/2010

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 85 Shannon Road, Harrisburg, PA 17112

(Principal office address)

(Current mailing address)

8. Dry Pasta Menu Packaging

(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 NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.*

C T Corporation System

By: Mania J. Shambers

(Registered agent's signature)

Special Assistant Secretary

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.

FILED

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

A. DIRECTORS SEE ATTACHMENT

2009 DEC 23 AM: 57

Chairman: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Antonio Hernandez Callejas

Address: Paseo de la Castellana, 20, 4

Madrid

Director: Jaine Carbo Fernandez

Address: Paseo de la Castellana, 20, 3

Madrid

B. OFFICERS SEE ATTACHMENT

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. \_\_\_\_\_

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

14. Greg Richardson, CFO

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

**FILED**

2009 DEC 23 A 11: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Attachment to Florida  
Officers & Directors**

- 1   **Full Name:** Peter Smith  
     **Officer/Director:** Officer  
     **Officer's Title:** CEO  
     **Director's Title:**  
     **Business Address:** 85 Shannon Road  
     **City:** Harrisburg  
     **State:** PA  
     **ZIP Code:** 17112
- 2   **Full Name:** Gregory Richardson  
     **Officer/Director:** Officer  
     **Officer's Title:** CFO  
     **Director's Title:**  
     **Business Address:** 85 Shannon Road  
     **City:** Harrisburg  
     **State:** PA  
     **ZIP Code:** 17112
- 3   **Full Name:** Guy Callejon  
     **Officer/Director:** Director  
     **Officer's Title:**  
     **Director's Title:** Other Director  
     **Business Address:** 4, rue Boileau B. P. 6432  
     **City:** Lyon Cedex  
     **State:**  
     **ZIP Code:**
- 4   **Full Name:** Bastiaan de Zeeuw  
     **Officer/Director:** Director  
     **Officer's Title:**  
     **Director's Title:** Other Director  
     **Business Address:** 2777 Allen Parkway  
     **City:** Houston  
     **State:** TX  
     **ZIP Code:** 77019

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW WORLD PASTA COMPANY" 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-SECOND DAY OF DECEMBER, A.D. 2009.

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

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

FILED

2009 DEC 23 A.M. 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7717625

DATE: 12-22-09