

_	tion Section of Corporation			-
SUBJECT:	Ok	Style	akes, Inc.	
		(Name of corpor	ration - must include suffix)	•
Dear Sir or Mad	am:			
		Ei Cotion	for Authorization to Transact B	usiness in Florida"
"Certificate of E	pplication by a xistence", and	check are submitted	for Authorization to Transact B to register the above referenced	foreign corporation to
transact business			_	
Please return all	correspondence	e concerning this ma	atter to the following: 9000	0032281595
	-	Gerall	H. Schoenberg -	04/28/0001035002 *****70.00 *****70.00
•	-		ne of Person)	
	0/1	Style Cal	ees, Inc.	.
•		(Firm	/Company)	
	204	23 Stat	E Rd. 7- # Fa	5-347
•			Address) FL 33490	
	Boca	149700	FL 33990	
•		(City	y/State/Zip)	•
				7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Should you need	i to call some	ne concerning this m	natter, please call:	0-760
serald So	choenk	perg 5	Area Code & Daytime Telephon	9700
(Name	of Person)	at (<u>-</u>	Area Code & Daytime Telephon	e Number)
				0 5
STREET ADDRESS:		MAILING ADDRESS:		
				N NEW YEAR
Registration Section Division of Corporations		Registration Section Division of Corporations	ت <u>ج</u> ارت	
409 E. Gaines St.		P.O. Box 6327		
Tallahassee, FL	32399		Tallahassee, FL 32314	STATE STATES 4: 22
Enclosed is a ch	eck for the fol	lowing amount:		N 55
□ \$70.00 Filing		78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	1 \$87.50 Filing Fee, Certificate of Status & Certified 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.	
1. OLD STYLE CAKES, INC.	
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	-
2. New York 3.11-3523333	
2. (State or country under the law of which it is incorporated) 4. 12/23/99 5. Perpetual	
(Date of incorporation), (Duration: Year corp. will cease to exist or "perpetual") 6. VPON QValification	
(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.a. 20423 State Road 7-# F6-347	
b. Bocg Raton, FL 33492-6797	<u> </u>
(Current mailing address) 8 September 2 Sales	
(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: Gerald H. Schoenberg Office Address: 111 45 R105 R0ad	,
BOCG Raton, FL, Florida 33497-1907 (Zip code)	- 24.5
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 design 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 to and accept the obligations of my position as registered agent. (Registered agent's signature)	•
(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:
A. DIRECTORS
Chairman: David Russel/
Chairman: David Russel/ Address: 1 Oak Ridge Rd Bldgz BO+PB West Lebanon, NH 037PY
west Lebanon, NH 03724
Vice Chairman:
Address:
Director: David RVSSell
Address: 1 Oak Ridge Rd Bidg 2 Box PB West Lebanon, NH 03754
West Lebanon, NH 03724
Director:
Address:
B. OFFICERS
President: Ellon Barbiero
Address: 1 Oak Ridge Rd Bldg 2 BOX PB Wost Lebanon, NH 03774
Wost Lebanon, NH 03774
Vice President: DUVE RUSSEII
Address:
Secretary: 174 VICTOR RVS SE //
Address: The 1 Oak Ridge Rd Bldg Z BOX &B
West Lebanon NH 03784
Treasurer: Orald Schoenberg
Address: 20423 State Road 7 - F6-347
Boca Raton, FL 33498-6797
NOTE: If necessary, you may attach an addengium to the application listing additional officers and/or directors.
13 Cocaed H/ Glow here.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Gerald H. Schoenberg /+ Sst. V.P. (Typed or printed name and capacity of person signing application)
(1) year or printed name and capacity of person signing application)

State of New York State State

I hereby certify, that the Certificate of Incorporation of OLD STYLE CAKES, INC. was filed on 12/23/1999, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 04th day of April two thousand.

Special Deputy Secretary of State

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