## LOOCOCO 3502 TRANSMITTAL LETTER

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	To: Registration Section Division of Corporations							
SUBJECT:	N	& N C	ATERING C	OMPAI	NY, INC.			
			(Name of co	poratio	n - must include suffix)			
Dear Sir or	Madam:							
"Certificate	d "Applicati of Existence iness in Flor	", and ch	reign Corporati eck are submit	ion for ted to r	Authorization to Transa egister the above referer	ct Business in aced foreign co	Florida", prporation to	
Please return	n all corresp	ondence c	oncerning this	matter	to the following:			
		CA	RLOS A. V	AZQUI	EZ .			
			(1)	ame of	Person)	19073533	30802 -01161002 5 ******78.75	
	. <del></del>		<b>(</b> F	irm/Co	mpany)		,	
	850 W JACKSON BLVD, SUITE 701							
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ì		СН	ICAGO, IL	6060	)7	-	,	
	-110		****		te/Zip)		<del>-</del>	
	need to call:		concerning thi	s matte	•		1 FI	
	me of Perso		at (		) 421-5272 EXT Code & Daytime Telepi		<u> </u>	
•		***		(Fuca	Code & Daytime Teleph	none rumper)		
STREET A	DDRESS:				MAILING ADDRES	S:	l	
Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399				Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ons	4ntu 6/21		
Enclosed is	a check for t	he follow	ing amount:				-	
□ \$70.00 F	iling Fee 🖊		5 Filing Fee & ificate of Statu		\$78.75 Filing Fee & Certified Copy	S87.50 F Certification	ate of 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.	N	& N C	ATERING COMPANY	, INC.						
	(Nan	ae of corpor	ration; must include the w	ord "INCORPO	RATED", "	COMPA	ANY", "CORPOR	RATION" or		
	word	ls or abbrev	iations of like import in la	inguage as will	clearly indic	ate that	it is a corporatio	n instead of a		
	natu	al person o	r partnership if not so con	tained in the nar	me at presen	t.)	•			
	1	LLINOI	3				3986387			
2.				· .	3		(FEI number,			
	(State	or country	under the law of which it	is incorporated)	)			if applicable)		
	2	/22/94		_			${ t PETUAL}$			
4.		<i>(</i> D-4	e of incorporation)	5	- T	7,	corp. will cease to			
		(Dat	e of incorporation)		(Duration:	Year c	corp. will cease to	exist or "perpe	:tual")	
6.	Ü	PON QUA	ALIFICATION							
	(Date	first transa	cted business in Florida.	If corporation h	as not transa	cted hus	siness in Florida	insert "unon au	alification '	") ·
	•		(SEE S	ECTIONS 607.1	501. 607.15	02 and 1	817.155. F.S.)	moore apon qu	minication.	,
							<b>,</b>			
7.	a8	50 IVE	S DAIRY RD., NO	RTH MIAMI	, FL 33	179				
			(	(Principal office	address)					
		SAME								
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		ו גר כונות נדדדו		Current mailing		הנזמידו	NECC CDEC	יייין ארד דארט דער דיי	- EOOD	
			NSACTION OF ANY ERAGE SERVICES			BO2TI	NESS, SPEC	LE ICALLE.	FOOD	ome.
8.	H	מס סמי.	ERAGE SERVICES	TO THE PO	DLIC.	-		- <u>, </u>	T, 152 _	4 }
٠.		Purposeís	s) of corporation authorize	ed in home state	or country t	o he car	rried out in state	of Florida) = -	<del>: 5</del> -	
		( <u>F</u> (.	-,	TAX ANDRIO BILLIO	or commy c	0 00 <b>0</b> m	Thou out in state	of Fiorida)		- 4.2
9.	Nam	e and stre	et address of Florida ı	registered ager	nt: (P.O. B	ox or N	Mail Drop Box	NOT acceptab	ole)	
				0	`		· · · · · · · · · · · · · · · · · · ·		]	
		Name:	NANCY NARANJO	)						
		_					••	1	0.	
Of	fice A	Address:	14691 SW 37t	STREET	F -					
				W						
			MIRAMAR		. F	lorida	33027			
		_			<del></del>	101144	(Zip code)	• •	i	
							(Zip code)			
10	. Re	ristered as	gent's acceptance:							
		,	,							
Ha	wina .	haan nama	d as registered agent and	to accent comic	a of syncase	for the	ahova stated con	monation at the	-1	و
in:	this a	occis mames polication	I hereby accept the appoi	io uccepi servic intmant as racis	e of process	jor ine and acr	uoove siuteu cor	poration at the	piace aesig	natea -
coi	molv i	vith the pro	visions of all statutes rela	ative to the prov	iereu ugeni : ier and com:	unu ugr nl <i>ete ne</i>	ree to uct in inis ( rformance of my	cupucuy. I juri Auties and Lo	ner agree ic	g with
			gations of my position, as			nete pe	joimunee oj my	· wantes, and a a	m jamuu	witti
		,	/////m/	100 // 10	and)					
			2/10/10	v y v coe	1/0					
		,	()	Registered agent	t's signature	<del></del>	<del></del>	•		
					1	•				
11.	Atta	ched is a ce	rtificate of existence duly	authenticated,	not more tha	n 90 da	ys prior to delive	ry of this applic	cation to the	:

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law

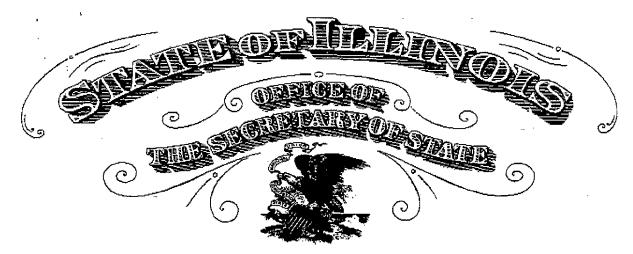
of which it is incorporated.

12.	Names :	and busine	ss addresse	s of officer	s and/or	directors:

## A. DIRECTORS NANCY NARANJO Chairman: 14691 SW 37th ST. Address: \_\_\_\_ MIRAMAR, FL 33027 Vice Chairman: Address: \_\_ Director: \_\_ Address: Director: \_ Address: **B. OFFICERS** President: NANCY NARANJO 14691 SW 37th ST Address: MIRAMAR, FL 33027 Vice President: Address: Secretary: Address: \_\_ Treasurer: Address: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) DIRECTOR (Typed or printed name and capacity of person signing application)

File Number

5768-859-9



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do



In Testimony Whereof, L. hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this \_\_\_\_\_\_ A.D. \_\_\_\_\_\_\_\_\_\_.

Desse White

SECRETARY OF STATE

C-260.1