Nature's SelectTM SaferFOODS Corp. Animal Products Div. 7822 Allen Robertson Pl. Sarasota Fl. 34240 City/State/Lip

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	
(Corporation Name)	(Document #) 200032959122 -06/19/0001126004 *****70.00 ******70.00
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy Certified Copy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION TO
☐ Annual Report ☐ Fictitious Name	REGISTRATION/OUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

TRANSMITTAL LETTER

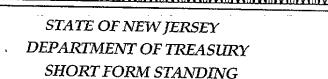
To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: SAFERFOODS CORPORAT	ion
(Name of corporation - n	nust include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Auth "Certificate of Existence", and check are submitted to regist to transact business in Florida.	
Please return all correspondence concerning this matter to the	he following:
EVELIO J. S. (Name of Pers	ARDINA
(Name of Pers	son)
(Name of Person	ORPORATION
(Firm/Compar	ny) All
7822 ALLEN RO	BERSON PLACE E
(Address)	
SARASOTA S	FL 34240 PG 111
(City/State/Zi	ip) I I I I I I I I I I I I I I I I I I I
Should you need to call someone concerning this matter, ple	∄ ₩ 2
EVEUU J. SAEDINA 941- 3 (Name of Person) (Area Code	343-0336
(Name of Person) (Area Code	e & Daytime Telephone Number)
STREET ADDRESS: MA	AILING ADDRESS:
Division of Corporations Di 409 E. Gaines St. P.G.	ualification/Tax Lien Section vision of Corporations O. Box 6327 dlahassee, FL 32314
Enclosed is a check for the following amount:	
	8.75 Filing Fee & S87.50 Filing Fee, certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, I REGISTER A FOREIGN CORPORATION TO T	FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RANSACT BUSINESS IN THE STATE OF FLORIDA.
SAFERTOODS GRAO	to the same of the
(Name of corporation; must include the word "INC	CORPORATED", "COMPANY", "CORPORATION" or as will clearly indicate that it is a corporation instead of a
NEW JERSEY	22-3599293
(State or country under the law of which it is incorp	porated) (FEI number, if applicable)
AUGUST, 1998	PEADETUAL
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
UPON QUALIFICATION	() one solve to oxistor perpetual)
	EE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
(=====================================	EE SECTIONS 007.1301, 007.1302 and 817.133, F.S.)
7822 ALLEN ROBERSON	PLACE SARASOFA, FL 34240. pailing address)
MARKETING & SALE HIGH QUALITY A	nailing address) Winter State or country to be carried out in state of Florida)
	red agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: EVELIO J. SAEDINA	· [35] @
Office Address: 7822 Allew Rossesso	`.Jen (V)
SARASOTA	, Florida, 34240 (Zip code)
	(Zip code)
10. Registered agent's acceptance:	
with the provisions of all statutes relative to the properties of my position as registered agent.	t service of process for the above stated corporation at the place designated in registered agent and agree to act in this capacity. I further agree to comply er and complete performance of my duties, and I am familiar with and accept ed agent's signature)
11. Attached is a certificate of existence duly authentic Department of State, by the Secretary of State or other which it is incorporated.	cated, not more than 90 days prior to delivery of this application to the official having custody of corporate records in the jurisdiction under the law of

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

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- -	If necessary you ma	y attach an adder	ndum to t	7822 1822 the applica	Allew (additional of	officers and/o	e San	SECRETAL OF STATE TALLATI SHE FLOUID s.	8 MUN 19 M 9	3/2	
- -	If necessary, you ma	y attach an adder	ndum to t	the application, or any	Allew (additional of	officers and/o	or director	SECRETAL OF STATE TALLATI SHE FLOUID s.	80 JUNI 19 M. 8	3/2	



SAFERFOODS CORPORATION
With the Previous or Alternate Name
SAFRFOODS CORPORATION

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on July 10, 1998.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its_Annual Reports are current.

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I further certify that the registered agent and registered office are:

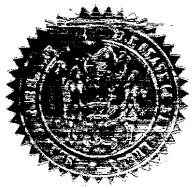
Evelio J Sardina 42 Birch Run Avenue Denville, NJ 07834

Continued on next page . . .



STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

SAFERFOODS CORPORATION
With the Previous or Alternate Name
SAFRFOODS CORPORATION



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 7th day of June, 2000

Rams mmastures

Roland M Machold Treasurer