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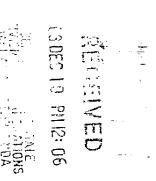
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							



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S OF LED ON 12 SO **ATTORNEYS' TITLE** Requestor's Name 1965 Capital Circle NE, Suite A 850-222-2785 Tallahassee, Fl 32308 City/St/Zip CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1- SILVER TRAY COOKIES, INC. Pick-up time ASAP XXX Certified Copy X Walk-in Will wait Photocopy XXX Certificate of Status Mail-out **NEW FILINGS** AMENDMENTS Profit Amendment Resignation of R.A., Officer/Director Non-Profit Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Other Merger REGISTRATION/QUALIFICATION OTHER FILINGS Annual Report XXX Foreign Limited Partnership Fictitious Name Name Reservation Reinstatement Trademark

Examiner's Initials

Other

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	To the state of th	ク							
SUBJECT: Name of cornoration	Ver Tray Cooking Inc. 35 50 on - must include suffix)	>							
Dear Sir or Madam:	n mast metady buzinky								
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to r transact business in Florida.									
Please return all correspondence concerning this matter to the following:									
Perry Burk (Name of Person)									
Silver Tray Cook	vi Inc.								
711E 1 15/7	mpany)								
745 W. 1811	DY(e)								
(Additional FL) (City/State of	Z 3010								
(City/State	and Zip code)								
For further information concerning this matter, please of									
Terry Burk at (305) (Name of Person) (Area)	, 883-0800								
(Name of Person) (Area (Code & Daytime Telephone Number)	•							
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration 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 & \$87.50 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, FLORIDA STATUTES, THE FOLLOWING IS SUBMITED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA
1. Silver Tray Cookus Fac.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
The state of the s
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. <u>Deleware</u> 3. 04-3762953
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 11, 2003 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6Upon a valification
(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. 745 W. 18th Street Hallon +L 33010
(Principal office address)
745 W. 18th Street Hialanh FL 33010
(Current mailing address)
8. Sukern (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(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: Leonardo F. Brito Esq.
f
Office Address: 1001 Brickell Bay Drive Ste. 1812
, Florida 3313
(City) (Zip code)
10. The fatour I amount to a committee or
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.
(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. DIREC	FORS	Per	ca Bo	irly					
Address:	845	E	Dilido	Dr.	Miani	Reach	FL	33)39	
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B. OFFICE President: Address:		Perm 15 E	Buch	Dr	. <u>M</u>	iam, Bec	ich F	Ž 321	
Vice Presider	nt:								(1) \$
Address:	<u> </u>					7 *	`	<u> </u>	•
				· .	÷	· -	lan	£ - '	
Secretary:				• •		£-			
Address:		<u>-</u>		 	N	- ,	- (et	2 5 1 7 1
Treasurer: _									
Address:							 	 	
NOTE: If t	necessary,		ttach an addend						s.
13	(Siona	ture of Dir	ector or Office	er listed/in	number 12 of	the application	1)	μ	
14.	` -		Pern Bo	idi-	President				
		(Typed c	or printed name	and canac	rity of nerson s	signing applica	ation)		*

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SILVER TRAY COOKIES, 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 FOURTH DAY OF DECEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



3668648 8300

030777650

Farriet Smith Windson

larriet Smith Windsor, Secretary of State

AUTHENTICATION: 2787100

DATE: 12-04-03