## F05 000000 715

(Re	questor's Name)	
(Ade	dress)	
(Ade	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
/Rui	siness Entity Nar	ne)
(Bu:	Siliess Liliary Mar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400044757744

nt/31/05--01068--007 \*\*78.75

ZOOS JAN 31 AM IO: 1

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: TASTIF HARMS, INC.
(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," 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:
MATTHEW P. MANIACE
(Name of Person)
TASTIE HARMS, INC.
960 N. Collier Blud. Suite 206
MARCO Island, Florida 34145
(City/State and Zip code)
For further information concerning this matter, please call:
MATTHEW P. MANIA CE 239-394-4445 P. S. (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)
(Name of Person)  (Area Code & Daytime Telephone Number)  STREET ADDRESS:  Registration Section  Division of Corporations  409 E. Gaines St.  Tallahassee, FL 32399  (Area Code & Daytime Telephone Number)  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 \$\frac{1}{10}\$\$ \$78.75 Filing Fee \$\frac{1}{10}\$\$ \$78.75 Filing Fee \$\frac{1}{10}\$\$ \$87.50 Filing Fee, Certificate of Status \$\frac{1}{10}\$\$ Certified Copy \$\frac{1}{10}\$\$ Certified Copy

Page 1 92

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

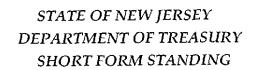
1. TASTIE FARMS INC.  (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.")  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  2. NEW JERSEY USA 3. (State or country under the law of which it is incorporated)  4. 8-17-1992 5. (Duration: Year corp. will cease to exist or "perpetual")  6. (Date of incorporation)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 960 N. Principal office address)  MARCO JANA FLOR A 34445  (Current mailing address)  8. (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: MARY ANN MANIACE  Office Address: 35 7 Rook Bry Court  MARCO TS AND (City), Florida 34445  (City), Florida 34445  (City), Florida 34445  (City), Florida 34445  (City), Florida agree to act in this Capacity. (P.O. Box not head of the appointment as registered agent and agree to act in this Capacity. (P.O. Box not head agree to act in this Capacity).	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.
(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. NEW JERSEY USA 3. (State or country under the law of which it is incorporated)  4. 8-/7-/992 5. Description (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. Phoenical office address)  MARCO LS/AND Florida 34/145  (Current mailing address)  8. Importation Sales or country to be carried out in state official in state official in state official address of Florida registered agent: (P.O. Box NOT acceptable)  Name: MARY ANN MANIACE  Office Address: 357 Rook Bry Ourt  (City)  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 of the state of comply with the provisions of all statutes relative to the proper and complete performatice of my duties, further agree to comply with the provisions of all statutes relative to the proper and complete performatice of my duties, further agree to comply with the provisions of all statutes relative to the proper and complete performatice of my duties,	TARTIE TARME THE
2. NEW JERSEY, USA (State or country under the law of which it is incorporated)  4. 8-17-1992 (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 960 N. DIER BIVA., Suite 2016 (Principal office address)  MARCO JS/AND FLORIDA 341/45  (Current mailling address)  8. Importation, Sales 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: MARY ANN MAN'ACE  Office Address: 357 Rook Bry Court  MARCO IS/AND (City)  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 The Carpacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my-duties, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my-duties, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my-duties,	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
2. NEW JERSEY, USA (State or country under the law of which it is incorporated)  4. 8-17-1992 (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 960 N. DIER BIVA., Suite 2016 (Principal office address)  MARCO JS/AND FLORIDA 341/45  (Current mailling address)  8. Importation, Sales 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: MARY ANN MAN'ACE  Office Address: 357 Rook Bry Court  MARCO IS/AND (City)  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 The Carpacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my-duties, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my-duties, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my-duties,	
(State or country under the law of which it is incorporated)  4. 8-17-1993 (Date of incorporation)  5. Decetual (Duration: Year corp. will cease to exist or "perpetual")  6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 960 N. Principal office address)  MARCO JANA FLORIDA 34145 (Current mailing address)  8. Importation (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: MARCA JANA ANIACE  Office Address: 357 Rook Bry Court  MARCO Jand , Florida 34145 (City)  10. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation the Englace designated in this application, I hereby accept the appointment as registered agent and agree to act in The Capacity. Interfer agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
(Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7.	2. NEW JERSEY, USA 3.
(Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7.	(State or country under the law of which it is incorporated) (FEI number, if applicable)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7.	
(Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 960 N. DIER BIVE. Suite 2016  (Principal office address)  MARCO TS/AND FLORIDA 341/45  (Current mailing address)  8. Importation Substitute 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: MARY ANN MANIACE  Office Address: 357 Rook Bry Ourt  (City) , Florida 34/45  (City) , Florida 44/45  (City	(Date of incorporation) (Duration: Your corp. will cease to exist or "perpetual")
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 960 N. Principal office address)  MARCO JANA FLOR A 34/45  (Current mailing address)  8. Importation Sales of comporation 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: MARCO JS AND MANIACE  Office Address: 357 Rook Bry Ourt  MARCO JS AND, Florida 34/45  (City)  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 non-duties,	
(Principal office address)  MARCO 15/AND Flore DA 34/45  (Current mailing address)  8. Importation Salts Dist Mart Mart Mart (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: MARY ANN MANIACS  Office Address: 357 Rook Bry Court  MARCO Island, Florida 34/45  (City)  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 non-duties,	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
(Current mailing address)  8. Im DoRTATION, SALES DIST of MARY Most of Plorida)  9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: MARY ANN MANIACE  Office Address: 357 Rook Bry Court  (City), Florida 34/45  (City), Florida 34/45  (City), Florida 26 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 mandaties,	960 N. Colliss Blud Suite 206
(Current mailing address)  8. Importation Sales Dist. A Must Mean (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: MARY ANN MANIACE  Office Address: 357 Rook Bry Court  (City) (City), Florida 34/45 (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,	(Principal office address)
8. Importation Sales Dist Mont Mest Mest (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: Makey Ann Maniace  Office Address: 357 Rook Bry Court  Makeo Island, Florida 34/45  (City) (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 non-duties,	MARCO Island Floring 34145
(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: MARY ANNACE  Office Address: 357 Rook Bry Court  (City), Florida 34/45  (City), Florida (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,	(Current mailing address)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: MARY ANN MANIACE  Office Address: 357 Rook Bry Court  (City), Florida 34/45  (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,	
Name: MARY ANNIACE  Office Address: 357 Rook Bry Court  MARCO Island, Florida 34/45  (City) (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,	
MARCO Is And, Florida 34/45  (City), Florida 34/45  (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,	Man An Madian
(City) (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,	Office Address: 357 Rook Bry Court
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,	
	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,
(Registered agent's signature)	May Cen Manhe 1/28/05

<sup>11.</sup> 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.

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

TASTIE FARMS, INC.

A. DIRECTOR	S NONE	19 20
Chairman:		
Address:		
Vice Chairman: _		
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS	Marrier D. Marrier	
President:	254 Dook in China	
Vice President:		
Address:		~~ <u>~</u>
Secretary:	PSG CFI FC	2005 J. TI
Address:		× =
Treasurer:	THE STATE OF THE S	
Address:		
NOTE: If neces	sary, you may attach an addendum to the application listing additional officers and/or direct	
13.	(Signature of Director or Officer listed in number 12 of the application)	
14	(Typed or printed name and capacity of person signing application)	<u> </u>



*TASTIE FARMS, INC.* 0100526760

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 August 17, 1992.

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.

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

Matthew P Maniace 397 Cardinal Drive Hackettstown, NJ 07840

Continued on next page . . .

