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(Address)

(Address)

(City/State/Zip/Phone #)

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2005 FEB 14 PM 2:23
TALLAHASSEE, FLORIDA

J. BROWN FEB 16 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CROWN JEWEL IMPORTERS
(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:

HERB COLLINS
(Name of Person)
CROWN JEWEL IMPORTERS
(Firm/Company)
165 STATE ST.
(Address)
HACKENSACK, N.J. 07601
(City/State and Zip code)

For further information concerning this matter, please call:

HERB COLLINS at (201) 342-1144
(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 & Certified Copy ☐ \$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. CROWN JEWEL IMPORTERS MARKETING CORP.

(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

(State or country under the law of which it is incorporated)

3. 22-2491944

(FEI number, if applicable)

4.

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6.

N/A/

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 165 STATE ST. HACKENSACK, N.J. 07601

(Principal office address)

165 STATE ST. HACKENSACK, N.J. 07601

(Current mailing address)

8.

SALE OF DRINKS + BEVERAGES

(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:

BRIAN DEMPSEY

Office Address:

4718 SW 67th AVE

MIAMI

(City)

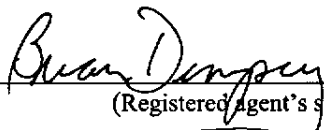
, Florida

33155

(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, 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:

HERB COLLINS 165 STATE ST. HACKENSACK, N.J. 07601

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: HERB COLLINS

Address: 12 OLD QUARRY Rd
ENGLEWOOD N.J. 07631

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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HALL COUNTY, FLORIDA

B. OFFICERS

President: HERB COLLINS

Address: 12 OLD QUARRY Rd
ENGLEWOOD, N.J. 07631

Vice President: _____

Address: _____

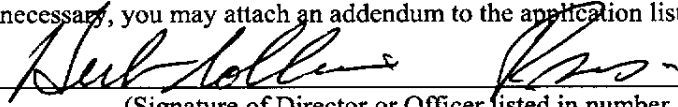
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Herb COLLINS, PRESIDENT
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

CROWN JEWEL IMPORTERS MARKETING CORP.

100182613

With the Previous or Alternate Name

CROWN JEWEL IMPORTERS (Alternate Name)

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 November 30, 1982.

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:

Herbert Collins
12 Old Quarry Rd
Englewood, NJ 07601

Continued on next page . . .

2005 FEB 14
ALLAHABAD, FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

CROWN JEWEL IMPORTERS MARKETING CORP.

2005 FEB 14 PM 2:21
ALLAHSEE, FLORIDA

IN TESTIMONY WHEREOF, I have
*hereunto set my hand and
affixed my Official Seal
at Trenton, this
21st day of January, 2005*



John E. McCormac

John E. McCormac, CPA
State Treasurer