Division of Corporations

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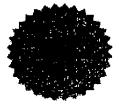
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## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PREFERRED MEAL SYSTEMS, 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 TWENTY-NINTH DAY OF MARCH, A.D. 2005.



Warriet Smith Hindson
Harriet Smith Windson, Sacretary of State

AUTHENTICATION: 3774009

DATE: 03-29-05

0664425 8300 050253417

H05000080452

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

IN COMPLIANCE WITH SECTION 60 REGISTER A FOREIGN CORPORATI	07.1503, FLORIDA STATU ON TO TRANSACT BUSIN	TES, THE FOLLOWING IS TESS IN THE STATE OF FI	SUBMITTED TO LORIDA.
	Preferred Meal Sys		
(Name of corporation; must include "Inc.,""Co.," "Corp," "Inc," "Co," (		"COMPANY", "CORPORATIO	N"
(If name unavailable in Florida, enter alterna	ate corporate name adopted for	the numose of transacting busin	ness in Florida)
	•	-	•
2. <b>Delaware</b> (State or country under the law of which it is	s incorporated)	(FEI number, if applicable	)
4. 10/02/1967		Perpetual	•
4. 10/02/1907 (Date of incorporation)		uration: Year corp. will cease t	o exist or "perpetual")
• • •	•	<u>-</u>	,
(SEE SECTION	Upon Filing st transacted business in Florid ONS 607.1501 & 607.1502, F.S.	, to determine penalty liability)	
7. 5240 St. Charles Road,			
	(Principal office add	•	
5240 St. Charles Road,			
8. Sale of pre-plated food	(Current mailing add	•	
(Purpose(s) of corporation	n anthorized in home state or co	ountry to be carried out in state	of Florida).
9. Name and street address of Florida re	gistered agent: (P.O. Box N	OT acceptable)	
Name: CorpDirect Age	nts, Inc.		of Flortday 05 APR -1
Office Address 103 N. Meridian	1 Street, Lower Lev	<u>ve</u> l	
Tallahasse (City)	e,Fl	orida. 32301 (Zip code)	AM IO: 55
10. Registered agent's acceptance:			
Having been named as registered agent an this application, I hereby accept the appois with the provisions of all statutes relative to the obligations of my position as registered	ntment as registered agent and to the proper and complete perf d agent.	agree to act in this capacity. I formance of my duties, and I a L	further agree to comply m familiar with and accept
	Ed R. Jan	Acceptance Ass't Secret	
	(Registered agent's signature)	Ed B. Lary- Ass't Secret	ary
11 Association carrificate of existence dub	v authenticated not more than (	)0 days prior to delivery of this	annication 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 addresses of officers and/or directors:

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)			
hairman:			
Address:			
/ice Chairman:			
Address:			<del></del>
Director: Daniel Krpan		<del></del> -	
ddress: 5240 St. Charles Road			
Berkeley, IL 60163			
birector: Harry Reichman			
ddress: 5600 1st Avenue, Bldg C		<u>-</u>	
Brooklyn, NY 11220	<del></del>		
. OFFICERS			<u> </u>
resident: Daniel Krpan			
ddress: 5240 St. Charles Road			
Berkeley, IL 60163			
ice President: Harry Reichman	TAS	0	
ddress: 5600 1st Avenue, Bldg C	T.C.	₹	6 1
Brooklyn, NY 11220	Carrier .	- <del></del>	
ecretary: Joseph Bistritzky		2	
ddress: 5600 1st Avenue, Bldg C	- 12 S	<u> </u>	
Brooklyn, NY 11220	D.F.	ਹੀ	<u>_</u>
reasurer: Gregory Huff		·=•	
ddress: 5240 St. Charles Road			
Berkeley, IL 60163			
OTE: If necessary, you may attach an adaptidum to the application listing additional officers and/or directors.		<del></del>	
(Signature of Director or Officer listed in number 12 of the application)  Daniel Krpan - President  Threed or printed pages and officerity of purson signing application)			