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2005 SEP 16 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

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SECURITIES DIVISION
TALLAHASSEE, FLORIDA

SUBJECT: SARCOM 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:

ROYAL ARNOLD
(Name of Person)
SARCOM INC.
(Firm/Company)
POB 3425
(Address)
SARATOGA SPRINGS, NY 12866
(City/State and Zip code)

For further information concerning this matter, please call:

ROYAL ARNOLD at (518) 580-9740 EXT 11
(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

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1. SARCOM INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

DEPT. OF STATE
TALLAHASSEE, FLORIDA

SARCOM INC. (OF NY)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK

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

3. 13-3118813

(FEI number, if applicable)

4. JUNE 6, 1982

(Date of incorporation)

5. PERPETUAL

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

6. SEPTEMBER 1, 2005

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

7. SUITE 204, 270 SOUTH CENTRAL BLVD, JUPITER, FL 33458

(Principal office address)

SUITE 204, 270 SOUTH CENTRAL BLVD, JUPITER, FL 33458

(Current mailing address)

8. WHOLESALE SALES OFFICE - FOOD INGREDIENTS

(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: STEPHEN M. STROUSE

Office Address: 99 GOLFVIEW DRIVE

TEQUESTA

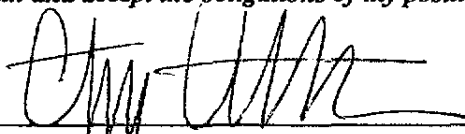
(City)

, Florida 33469

(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:

A. DIRECTORS

Chairman: STEPHEN M. STROUSE

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Address: 99 GOLFVIEW DRIVE
TEQUESTA, FL 33469

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Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: STEPHEN M. STROUSE

Address: 99 GOLFVIEW DRIVE
TEQUESTA, FL 33469

Vice President: WILLIAM PALAGONIA

Address: 114 MAGNOLIA WAY
TEQUESTA, FL 33409

Secretary: _____

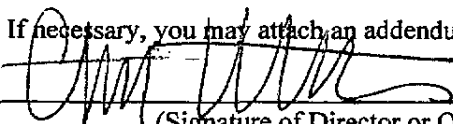
Address: _____

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. _____

STEPHEN M. STROUSE, PRESIDENT

(Typed or printed name and capacity of person signing application)

State of New York } ss:
Department of State

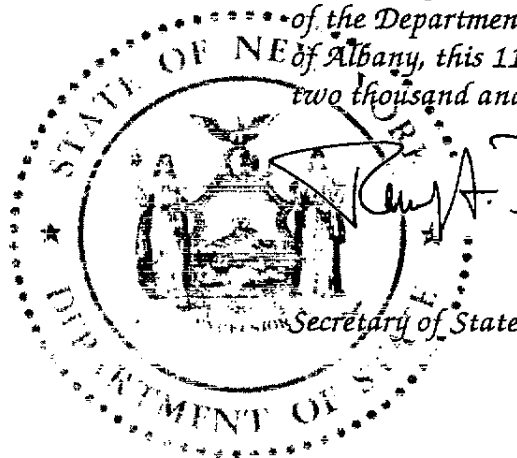
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I hereby certify, that the Certificate of Incorporation of SARCOM, INC. was filed on 06/03/1982, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 11th day of August
two thousand and five.



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