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SECRETARY OF STALE

## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Mojave Foods (Name of corpo	oration - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.	n for Authorization to Transact Business in Florida," I to register the above referenced foreign corporation to
Please return all correspondence concerning this m	natter to the following:
Craia M Bergo	<u>د</u> (
Craig M Berge	ne of Person)
Mojave Foods Co	PC P
(Firm	n/Company)
6200 E Slauson	Ave
(	Address)
Los Angeles, CA (City/s	90046
(City/S	tate and Zip code)
For further information concerning this matter, ple	ase call:
Craia Recase #13	23 890-8966
Craig Berger at (3) (Name of Person)	rea Code & Daytime Telephone Number)
CENTEE COUNTED A PARTICO.	MANUELC ADDRESS.
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section
Division of Corporations	Division of Corporations.
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	Tallaliassee, P.L. 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Sertified Copy  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.

(Enter name of co	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")
inc., Co., Co	orp, me, co, or corp. )
•	able in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Mary	and 3. <u>S2-1716935</u> Under the law of which it is incorporated) (FEI number, if applicable)
4. 2 1	5. Perpetual (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. 8050	NW 71st Street, Miami FL 33166
	(Principal office address)
	(Compate and the coldered)
	(Current mailing address)
8. Distr.	by the Spices Seasonings and Inacks ) 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 stree	et address of Florida registered agent: (P.O. Box NOT acceptable)
Name:	Luis Padron
Office Address:	Taddress of Florida registered agent: (P.O. Box NOT acceptable)  Luis Padron  8050 NW 715+ 5+  Miami  (City)  Florida 33166  (Zip code)
	Miami , Florida 33166 (Zip code)
	(City) (Zip code)
10. Registered ag	gent's acceptance:
	ed as registered agent and to accept service of process for the above stated corporation at the place application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
further agree to co	omply 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.
	0.01
	Luis Padron
	(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 Joe Nibali Chairman: Address: <u>90040</u> Vice Chairman: \_ Address: Director: Address: \_ **B. OFFICERS** Soe 90040 Vice President: Secretary: Ave , Los Angeles , CA 90046 Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

M Berger Secretary Treasurer and Chief Finaciel (Typed or printed name and capacity of person signing application) of from

## STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MOJAVE FOODS CORPORATION IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 19, 2006.

Paul B. Anderson Charter Division



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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