# F06000004718

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	dress)	<u> </u>	
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
·			

Office Use Only



500077469315

07/14/06--01039--001 \*\*70.00

FILED

06 JUL 14 PH 2: 03

SECRETARY OF STATE
AHASSEF, FLORIDA

J. Shivers JUL 177, 2006/

### **COVER LETTER**

TO: New Filing Section Division of Corporations		
•	NC.	
SUBJECT: MEAT COMMODITIES, I (Name	of corporation - must include suffix)	
·		
Dear Sir or Madam:		
	ration for Authorization to Transact Business in Florida," nitted to register the above referenced foreign corporation to	
Please return all correspondence concerning to	his matter to the following:	
	IN MONACELLI	
(I	Name of Person)	
MEAT CO	OMMODITIES, INC.	
(	Firm/Company)	
1200 C	ENTERPARK DRIVE	
	(Address)	
ASHE	VILLE, NC 28805	
	/State and Zip code)	
	ASSE TAR	
For further information concerning this matter	r, please call:	
	828-258-0120 PA C	
KEVIN MONACELLI at 828-258-0120  (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations	MAILING ADDRESS: New Filing Section Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327	
Tallahassee, FL 32301	Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
X \$70.00 Filing Fee \$78.75 Filing Fee Certificate of Sta		

### 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.

(If name unavaile	able in Florida, enter alternate corpora	te name adopted for the purpose of transacting busi	ness in Florida)	•
2. NORTH CAR		3. 52-0990505		
(State or country	under the law of which it is incorporate	ted) (FEI number, if applicable	)	
4. 02-20-199		5. PERPETUAL		_
	(Date of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")	
6				
		iness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)		
7. 1200 CENTI	ERPARK DRIVE, ASHEVILI			ı
	(Princ	cipal office address)		
1200 CENTE	RPARK DRIVE ASHEVILLE			
	(Curre	ent mailing address)		
8. OVERSEEIN	G ADMINISTRATION AND N	MANAGEMENT OF A MEAT PRODUCTS	COMPANY	
• • •	) of corporation authorized in home st t_address of Florida registered age	ate or country to be carried out in state of Florida)		
9. Name and stree	<u>t address</u> of Florida registered age	ate or country to be carried out in state of Florida)		<u>, LL</u>
• • •	•	ate or country to be carried out in state of Florida)	SECRETA TALLAHAS	FIL
9. Name and street	<u>t address</u> of Florida registered age	ate or country to be carried out in state of Florida) nt: (P.O. Box NOT acceptable)	SECRETARY I	FILE
9. Name and stree Name:	t address of Florida registered ages ALAN SILVERBERG  47 ST. THOMAS DRIVE	ate or country to be carried out in state of Florida)  nt: (P.O. Box NOT acceptable)	SECRETARY I	FILED
9. Name and stree Name:	t address of Florida registered age	ate or country to be carried out in state of Florida) nt: (P.O. Box NOT acceptable)	SECRETARY I	FILED
9. Name and street Name: Office Address:	t address of Florida registered age:  ALAN SILVERBERG  47 ST. THOMAS DRIVE  PALM BEACH GARDENS  (City)	ate or country to be carried out in state of Florida)  nt: (P.O. Box NOT acceptable)	SECRETA TALLAHAS	FILED
9. Name and street Name: Office Address:  10. Registered as Having been name	ALAN SILVERBERG  47 ST. THOMAS DRIVE  PALM BEACH GARDENS  (City)  gent's acceptance: ed as registered agent and to acceptance	ate or country to be carried out in state of Florida)  nt: (P.O. Box NOT acceptable)	SECRETARY OF STATE TALLAHASSEE, FLURIDA oration oration	lace
9. Name and street Name: Office Address:  10. Registered as Having been name designated in this further agree to compare to the street agree to compare the street agree the street agreet agree the street agreet agree the street agree the street agreet ag	ALAN SILVERBERG  47 ST. THOMAS DRIVE  PALM BEACH GARDENS (City)  gent's acceptance: ed as registered agent and to acceptance application, I hereby accept the agent.	nt: (P.O. Box NOT acceptable)  , Florida 33418 (Zip code)  pt service of process for the above stated corporatives as registered agent and agree to accutate relative to the proper and complete perfections.	SECRETARY OF STATE TALLAHASSEE, FLURIDA oration at the pot in this capacity in this capacity in the state of	lace ity. I

- 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: ALAN SILVERBERG			
Address: 47 ST. THOMAS DRIVE			
PALM BEACH GARDENS, FL 33418			
Vice Chairman: PATRICIA SILVERBERG		<u> </u>	
Address: 47 ST. THOMAS DRIVE	<u>.                                    </u>		
PALM BEACH GARDENS, FL 33418			
Director: ANTHONY M. ADAMS			
Address: 37 HILLTOP ROAD			
ASHEVILLE, NC 28803			
Director:			
Address:			
B. OFFICERS			
President: ALAN SILVERBERG	<del>∏</del> s	-	
Address: 47 ST. THOMAS DRIVE	LC AH		
PALM BEACH GARDENS, FL 33418	ETAR: HASS	<del></del>	<u> </u>
Vice President: ANTHONY M. ADAMS & DEBORAH R. ADAMS	SEE THE		ш_
Address: 37 HILLTOP ROAD	FS	<u>\S_2</u>	
ASHEVILLE, NC 28803	TATE URIDA	03	
Secretary: PATRICIA SILVERBERG			
Address: 47 ST. THOMAS DRIVE, PALM BEACH GARDENS, FL 33418			
Treasurer: PATRICIA SILVERBERG		<u>.</u>	
Address: 47 ST. THOMAS DRIVE, PALM BEACH GARDENS, FL 33418			
NOTE: If necessary, you may attach an adderdum to the application listing additional officers and/o	r directo	rs.	
(Signature of Director or Officer listed in number 12 of the application)			
14. ALAN SILVERBERG, CHAIRMAN / PRESIDENT  (Typed or printed name and capacity of person signing application)			



## NORTH CAROLINA Department of The Secretary of State

#### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

### **MEAT COMMODITIES, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 20th day of February, 1996, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 3rd day of May, 2006

Secretary of State

Claime I Marshall