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Office Use Only



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SECRETARY OF STATE

10/24

#### NAYYARSONS CORP.

3366 Hillside Avenue, Suite 15 New Hyde Park, NY 11040-2730 516-741-9265 FAX 516-294-5485

RECEIVED 07 OCT 22 AN II: 43

LIJEPANTMENT OF STATE DIVISION OF CORFORATIONS TALLAHASSEE, FLORIDA

October 17, 2007

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Gentlemen:

Enclosed please find your letter with the appropriate signature required.

I have been trying to also register with your Unemployment Division and Sales Tax Division as we have employees and we are collecting sales tax and we want to do things right but I cannot get through to the departments that handle these registrations.

Kindly send us the applications necessary so that we can make the required payments necessary for doing business in Florida.

Thanking you in advance.

Very truly yours,

Jackie DelleGrazie

Accountant



October 1, 2007

JACKIE DELLEGRAZIE 3366 HILLSIDE SUITE 15 NEW HYDE PARK, NY 11040-2730

SUBJECT: NAYYARSONS CORP Ref. Number: W07000048353

We have received your document for NAYYARSONS CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 107A00057224

Suzanne Hawkes **Document Specialist** 



September 12, 2007

JACKIE DELLEGRAZIE 3366 HILLSIDE AVE SUITE 15 NEW HYDE PARK, NY 11040-2730

SUBJECT: NAYYARSONS CORP Ref. Number: W07000044985

We have received your document for NAYYARSONS CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 207A00053941

Suzanne Hawkes Document Specialist

Division of Corporations - P.O. ROY 6327 Tallahassoa, Florida 32314

#### **COVER LETTER**

TO:	New Filing Section Division of Corporations					
SUBJ	ECT:	NAYYARSONS CORP				
5020		(Name of corp	oration - must include suff	ix)		
Dear S	ir or Madam:					
"Certif				nsact Business in Florida," erenced foreign corporation to		
Please	return all corr	espondence concerning this n	natter to the following:			
	JACKI	E DELLEGRAZIE	•			
		(Na	me of Person)			
	NAYY	ARSONS CORP				
		(Fin	m/Company)			
	3366 H	ILLSIDE AVE, SUIT				
			(Address)			
	NEW F	IYDE PARK, NY 11				
		(City/S	State and Zip code)			
For fur	ther informati	on concerning this matter, ple	ease call:			
JAC	KIE DELL	EGRAZIE at (5	16 , 294-5418			
<del></del>	(Name of Pe		Area Code & Daytime Tele	phone Number)		
	New Filing S Division of C Clifton Build	Corporations ling ive Center Circle	New Filing Division of P.O. Box 6	Corporations		
Enclos	ed is a check t	for the following amount:				
<b>∑</b> \$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.

· · ——————————————————————————————————	YARSONS CORP				_				
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"							
(If name unavaila	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)								
2. NEW YOR	RK	11-3071565							
(State or country t	under the law of which it is incorporated)	(FEI number, if applicabl	e)						
4. 08/07/199	1 5	PERPETUAL							
(Date	of incorporation)	(Duration: Year corp. will cease to exist	or "perpe	tual")	7				
<sub>6.</sub> 9/1/2007									
		n Florida, if prior to registration)							
EAA CMEI		502, F.S., to determine penalty liability)	22127						
7. FAA CMEL, 4500 PALM COAST PKWY SE, PALM COAST, FL 32137 (Principal office address)									
3366 Hillei	de Ave, Suite 15, NEW HYD								
0000 1 1111310	(Current mailing add			<del>.                                    </del>					
	(02.7011		FAE SE	97					
8. NEW CONTRACT IN FL 도움					11				
(Purpose(s)	of corporation authorized in home state or c	ountry to be carried out in state of Florida)	AST TAS	_					
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)									
Name:	PATRICIA ANN MARTINO	)	FST/ FLO	<u>等</u> 89					
Office Address:	4500 PALM COAST PKW	<u>/</u> SE	副音	E					
	PALM COAST	, Florida 32137							
	(City)	(Zip code)							
10. Registered ag	ent'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. DIRECTO	RS	
Chairman:		
Address:		
Vice Chairman:		
<del></del>		_
Director:		
		•
		1
Director:		)
	RIDE 4	_
B. OFFICERS	S	
President:	ANIL NAYYAR	
Address:	2000 LILLODE AVE. OUTE 45	
	NEW HYDE PARK, NY 11040-2730	
Vice President:	SALIL NAYYAR	
Address:	3366 HILLSIDE AVE, SUITE 15	
	NEW HYDE PARK, NY 11040-2730	
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If ned	essary, you may attach an addendum to the application listing additional officers and/or directors.	
13.	(Signature of Director or Office listed in number 12 of the application)	_
14 4	NIL NAYYAR, PRESIDENT	

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

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of NAYYARS SONS CORP. was filed on 08/08/1991, under the name of NAYYAR SONS, INC., 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.

A Certificate of Amendment NAYYAR SONS, INC., changing its name to NAYYAR SONS FOOD CORP., was filed 08/12/1991.

A Certificate of Amendment NAYYAR SONS FOOD CORP., changing its name to NAYYARS SONS CORP., was filed 07/08/2002.



200708230261 \* 9R

Witness my hand and the official seal of the Department of State at the City of Albany, this 22nd day of August two thousand and seven.

Daniel Shapiro Special Deputy Secretary of State O7 SEP 10 AM 8: 41
SECRETARY OF STATE
AND AN ASSEFT FLORIDA