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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/1

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FOOD MASTERS, 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:

W-R. CASTEEN, CONTROLLER

(Name of Person)

FOOD MASTERS, INC.

(Firm/Company)

PO Box 58399

(Address)

RALEIGH NC 27658-0399

(City/State and Zip code)

For further information concerning this matter, please call:

BILL CASTEEN

(Name of Person)

at (919) 876-0957 x 11

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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.

1. FOOD MASTERS, INC.

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

FOOD MASTERS, INC. of FL

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

2. NORTH CAROLINA

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

3. 56-1189353

(FEI number, if applicable)

4. NOVEMBER 1977

(Date of incorporation)

5. PERPETUAL

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

6. FEBRUARY 2010

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. FEBRUARY 2010 5017 MEMORY RD Ste 200 RALEIGH NC 27609-5590

(Principal office address)

PO BOX 58399 RALEIGH NC 27658-0399

(Current mailing address)

8. RESTAURANT OPERATION

(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: LYMAN D. MOORE

Office Address: 249 ALPINE DR

WINTER HAVEN

(City)

, Florida 33881

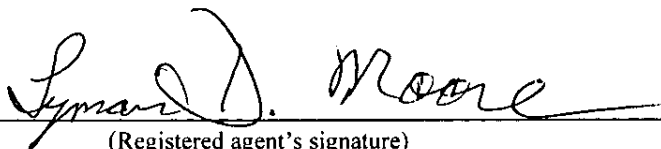
(Zip code)

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TALLAHASSEE, FLORIDA

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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.

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A. DIRECTORS

Chairman: _____

10 FEB 17 AM 8:09

Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

ADDENDUM
15TH

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. W.R. CASTEEN
(Signature of Director or Officer listed in number 12 of the application)

14. W.R. CASTEEN, ASST. SEC. - TREAS.
(Typed or printed name and capacity of person signing application)

**FOOD MASTERS, INC.**

5017 Memory Road, Suite 200
Raleigh, N.C. 27609-5590

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. Box 58399
Raleigh, N.C. 27658-8399

CORPORATE OFFICERS

NAME	ADDRESS	SS # / PHONE #
* Ronald L. Moore President	8700 Southampton Drive Raleigh NC 27615	171-34-6567 919-846-0384
* Thomas W. Moore Vice-president	1521 Hunting Ridge Road Raleigh NC 27615	186-46-5184 919-847-3551
* Kenneth E. Blevins Secretary/Treasurer	1523 Crenshaw Point Wake Forest NC 27587	226-50-6270 919-554-3542
William R. Casteen Asst. Sec./Treas.	8204 Kingswood Court Raleigh NC 27613	224-54-5511 919-325-0540

* Denotes member of Board of Directors and an equal owner.



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

FOOD MASTERS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 14th day of November, 1977, 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.

APPROVED
AND
FILED

10 FEB 17 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 9th day of February, 2010.

Elaine F. Marshall

Secretary of State

