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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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FOREIGN PROFIT/NONPROFIT CORPORATION

Gemini Bakery Equipment Co.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

GP 3/30/10

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.

· ———	RY BQUIPMENT CO.				
(Enter name of c	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		
	with mot and a markey				
(If name umvail	uble in Florida, enter alternate corporate m	HINE	adopted for the purpose of transacting business in Pl	orida)	
Pomayivania		3	23-1878709		
	under the law of which it is incorporated)	_ •.	(PEI number, if applicable)		
4. June 9, 1972 5.			³ erpetual		
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "purper	hial")	
			n Florids, if prior to registration) 502, F.S., to determine penalty liability)		
9990 Cantry Roa	d, Philadelphia, PA 19115		, , , , , , , , , , , , , , , , , , , ,		
,	(Principal office	add	ross)		
Same us above					
	(Current mailing	udd	(CSS)		
	quipment and parts,				
(Purpose(s) of corporation authorized in home state of	of C	cualry to be carried out in state of Florida)		
. Nome and stree	t address of Florida registered agent: ((P.C	D. Box NOT acceptable)	0	
Name:	C T Corporation System			, ₂₀	
	1200 South Pine Island Road		AS		
office Address:	1500 DOMINE WAS COMINE TAXAB		Sim	× -0	
	Plantation		, Florida 33324	品品	
	(City)		(Zip code)	· 二	
	ent's acceptance:		e e		
laving been nam	ed as registered agent and to accept so	ervi	ce of process for the above stated corporation to nent as registered agent and agree to act in this	if the place	
			elative to the proper and complete performance		
	with and accept the obligations of my			• •	
	C T Corporation System				
			ANN J. WILLIAMS		
Ву:	(moellenk!		Assistant Vice President		
	(Registered agent's signatu	urc)			

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 Chalman: Mark Rosenberg Address: 9990 Gantry Road, Philadelphia, PA 19115 Vice Chainman: Address: Director: Adam Herzig Address: 150 Monument Road, Bala Cynwyd, PA 19004 Director: ___ B. OFFICERS President: Ken Johnson Address: 9990 Guntry Road, Philadelphia, PA 19115 Vice President CHO: Mark Rosenberg Secretary: Adam Herzig Address: 150 Monument Road, Bala Cynwyd, PA 19004 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) 14. Mark Rosenberg, CEO

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

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

MARCH 29, 2010

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

GEMINI BAKERY EQUIPMENT CO.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth