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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

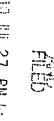
Office Use Only



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SECHEIVAY OF STATE TALLAHASSEE, FI ORIDA





COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: New	Castle P	izza In	IC.
	e of corporation - mu		
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate above referenced foreign corporation to	te of Good Standing"	and check are sub	
Please return all correspondence conce	ning this matter to the	e following:	
	Sear Kr.	~9<	
	Name of Perso	n / ·	· · · · · · · · · · · · · · · · · · ·
Ν,	v Cactle P	1770 In) (
	V (astle P Firm/Company		
4	618 N. U	niversity	Drive
	Address	,	
	Address Val Spring City/State and Zig	s, FL 3	3067
	City/State and Zip	o code	
E moil adds	rings & UDC ss: (to be used for fut	elli Pizza.	Com
	•	ure annuai report i	iouncacion)
For further information concerning this	matter, please call:		
<	415	<i></i>	_ 1
Sean Krings Name of Person	at (11 /)	S 76-99	one Number
ivalite of 1 cison	Alea Code (æ Daytille Telepii	one Number
STREET/COURIER ADDRI	SS:	MAILING A	DDRESS:
New Filing Section		New Filing Section	
Division of Corporations Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314			
Tallahassee, FL 32301		i ununasce, i	L 32314
Enclosed is a check for the following a	nount:		
\$70.00 Filing Fee \$78.75 Fill Certificate		.75 Filing Fee & .ified Copy	□ \$87.50 Filing Fee, Certificate of Status &

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. New Castle Pizza Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") NCP SOUTH FLORIDA
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Pennsylvania 3. 25-180 9988
(State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation)

5. Perpatual

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4618 N. University Drive. Cornl Springs, FL 3306)

(Principal office address)

(Principal office address)

(Current mailing address) (Current mailing address) Opernt: on OF Retail Food Establise
(Purpose(s) of corporation authorized in home state or country to be carried out 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Office Address:

4618 N UNNOISITY Dr Coral Springs, Florida 33067 (City) (Zip code)

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.

12. Names and business addresses of officers and/or directors:

12. Names and business addresses of officers and/or directors	10 JIJL 27 PH 4:37
A. DIRECTORS	
Chairman:	TALLAHASSEE, FLORITA
Address:	CONIDA
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS President: Sean Krings Address: 746 N Pike RJ Salver, PA 16055	
Vice President: Kelly Mason	
Address: Dela N. Dike Rl Squar PA 16055	
Secretary: Patrick Mason	
Address: 346 NPike D	Sarver, PA 1605K
Treasurer: Patrilk Mason	
Address: DUL N. PIKO RI	SalveriPr 16055
NOTE: If necessary, you may attach an addendum to the app	lication listing additional officers and/or directors.
(Signature of Director or Officer listed	
14. Sean Krings Pres (Typed or printed name and capacity)	

FILED 10 JUL 27 PM 4:37

COMMONWEALTH OF PENNSYLVANIASEE FLORIDA

DEPARTMENT OF STATE

JUNE 21, 2010

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

NEW CASTLE PIZZA, INC.

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.

Acting Secretary of the Commonwealth

Basil L. Merenda

Certification Number: 8846137-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp