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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H110002075903)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 12000000195 Phone : (850)521-1000 Fax Number : (850)558-1515

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION METZ CULINARY MANAGEMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu

J. Silvers AUG 22 2011:

Corporate Filing Menu

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: METZ CULINARY MANAGEMENT, INC.		
Name of corporation - must include suffix		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to regis above referenced foreign corporation to transact business in Florida.	Florida," ster the	
Please return all correspondence concerning this matter to the following:		
CHRISTINE RAMSAY		
Name of Person		
METZ CULINARY MANAGEMENT, INC.		
Firm/Company		
TWO WOODLAND DRIVE		
Address		
DALLAS, PA 18612		
City/State and Zip code	- 3.55	
CRAMSAY@METZCORP.COM	9	
E-mail address: (to be used for future annual report notification)	35	
For further information concerning this matter, please call:	A ST	
CHRISTINE RAMSAY at (570) 674-8796		
Name of Person Area Code & Daytime Telephone Number		
• • • • • • • • • • • • • • • • • • • •		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:		
	Filing Fee, ate of Status & d Copy	

1. METZ CULINARY MANAGEMENT, INC.

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 unavail	able in Florida, enter alternate corpo	rate name adopted for the purpose of transacting business in Florida	:)
PENNSYLVA	NIA	ated) (FE) number, if applicable)	
(State or country	under the law of which it is incorpor	rated) (FEI number, if applicable)	
. 5-12-94		5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")	-
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"))
	(Date first transacted (SEE SECTIONS 607.150	business in Florida, if prior to registration) 1 & 607.1502, F.S., to determine penalty liability)	
TWO WOO	DLAND DRIVE, DALLA		
	, · · ·	office address)	
TWO WOO		LAS, PA 18612	
	(Current m	ailing address)	
	d Food Service Operat		<u> </u>
(Purpose(s) of corporation authorized in home	state or country to be carried out in state of Florida)	w
. Name and stree	t address of Florida registered ag	rent: (P.O. Box NOT acceptable)	WH PO:
Name:	Corporation Services	Company	-
office Address:	1201 Hays Street	A. Cal	CI.
	Tallahassee	Florida 32301 (Zip code)	
	(City)	(Zip code)	
laving been nam esignated in this urther agree to c	gent's acceptance: ed as registered agent and to acc application, I hereby accept the omply with the provisions of all :	cept service of process for the above stated corporation at the appointment as registered agent and agree to act in this cape statutes relative to the proper and complete performance of not of my position as registered agent.	acity. 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: JEFFREY C. METZ			
Address: TWO WOODLAND DRIVE, DALLAS PA 18612			_
Vice Chairman:			
Address:			
			_
Director:			
Address:			
		<u> </u>	 .
Director:			
Address:			
			
B. OFFICERS	建落		
President: JEFFREY C. METZ		- <u>A</u>	_ ====
Address: TWO WOODLAND DRIVE		<u> </u>	
DALLAS, PA 18612	ike i	<u> </u>	_ 17
Vice President: GREG POLK	- F		_ (_
Address: TWO WOODLAND DRIVE	2	<u></u>	
DALLAS, PA 18612	<u> </u>		
Secretary: GREG POLK	·····		
Address: TWO WOODLAND DRIVE, DALLAS, PA 18612			
Treasurer: GREG POLK			_ _
Address: TWO MOODLAND DRIVE, DALLAS, PA 18612		 	
NOTE: If necessary, you/may attach an addendum to the application listing additional officers and/or di	irectors.		
13. And 1612			
Signature of Director or Officer The officer of director signing this document (and who is listed in number 12 above) affirms that the fact	is stated	herein	
are true and that he or she is aware that false information submitted in a document to the Department of S third degree felony as provided for in s.817.155, F.S.			а
GREG POLK VICE PRESIDENT FINANCE AND ADMINISTRATION			

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

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

AUGUST 8, 2011

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Metz Culinary Management, Inc.

Is duly incorporated as a Pennsylvania Corporation 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.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.

DECRETARY OF SIALE



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