

F11000003478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

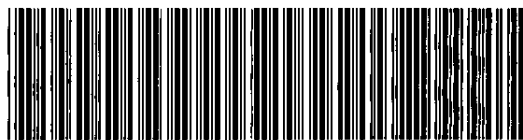
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
STATE DEPT OF STATE

K 08/29/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Kazi Foods of Louisiana, 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," or "Certificate of Good Standing" 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:

Irene Kosasih

Name of Person

Kazi Foods, Inc.

Firm/Company

3671 Sunswept Drive

Address

Studio City, CA 91604

City/State and Zip code

ikosasih@kazigroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Irene Kosasih

Name of Person

at (818) 761-7202, ext. 110

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

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

2. Louisiana 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/20/2007 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. A1A Estate Thomas, St. Thomas, USVI 00802
(Principal office address)

PO Box 11239, St. Thomas, USVI 00801

(Current mailing address)

8. Real Estate Holding
(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: Paracorp Incorporated

Office Address: 236 East 6th Ave

Tallahassee, Florida 32303
(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.

See enclosed document

(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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STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Zubair Kazi

Address: A1A Estate Thomas

St. Thomas, USVI, 00802

Director: _____

Address: _____

B. OFFICERS

President: Brian Burr

Address: 3671 Sunswept Drive

Studio City, CA 91604

Vice President: _____

Address: _____

Secretary: Steve Poludniak

Address: 3671 Sunswept Drive, Studio City, CA 91604

Treasurer: Steve Poludniak

Address: 3671 Sunswept Drive, Studio City, CA 91604

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

13. Brian Burr

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Brian Burr - PRESIDENT

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

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 8/22/2011

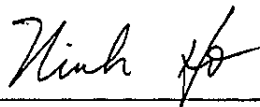
ENTITY NAME: KAZI FOODS OF LOUISIANA, INC.

REGISTERED AGENT NAME AND ADDRESS:

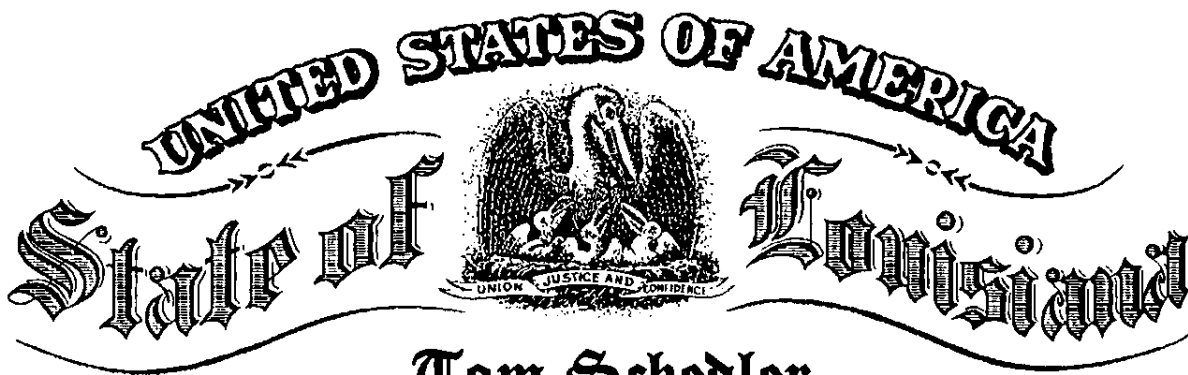
Paracorp Incorporated
236 East 6th Avenue
Tallahassee, FL 32303

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Ninh Ho, Assistant Secretary
Paracorp Incorporated



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

the Articles of Incorporation of

KAZI FOODS OF LOUISIANA, INC.

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on June 20, 2007,

I further certify that no Certificate of Dissolution has been issued.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August 22, 2011

Secretary of State

Web 36477974D



Certificate ID: 10195561#NJH62

To validate this certificate, visit the following web site,
go to **Commercial Division, Certificate Validation**,
then follow the instructions displayed.
www.sos.louisiana.gov