F/2000003025

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer # 4 (DATE OF TWC) CORRECTED # 1 (WAME) TO MATCH PELAWARE CERTIFIERTE.		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer # # (DOTE of TWC) CARRELED # 1 (WAMTE) TO MATCH PELAWARE CERTIFICATE.	(Requestor's Name)	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer # # (DOTE of TWC) CARRELED # 1 (WAMTE) TO MATCH PELAWARE CERTIFICATE.		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer # # 4 (DATE OF TAXC) CORRECTED # 1 (NAME) TO MATCH PELAWARE CERTIFICATE.	(Address)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer # # 4 (DATE OF TAXC) CORRECTED # 1 (NAME) TO MATCH PELAWARE CERTIFICATE.		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer # # 4 (DATE OF TAXC) CORRECTED # 1 (NAME) TO MATCH PELAWARE CERTIFICATE.	(Address)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer # 4 (DOTE OF TWC) COLUMNICATED # 1 (WAME) TO MATCH PELAWAGE CENTIFICATE.	,	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer # 4 (DOTE OF TWC) COLUMNICATED # 1 (WAME) TO MATCH PELAWAGE CENTIFICATE.	(City/State/Zin/Dhone #)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer # # (DATE of TWC) CORRECTED # 1 (WATHE) TO MATCH PELSWARE CERTIFICATE.	(City/State/2lp/Filone #)	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer # # 4 (DATE OF TWC) CORRECTED # 1 (WATE) TO MATCH PELSWARE CERTIFICATE.	PICK-UP WAIT MAIL	
Special Instructions to Filing Officer # # 4 (DATE OF TWC) CORRECTED # 1 (NAME) TO MATCH PELAWANE CERTIFICATE.	(Business Entity Name)	
Special Instructions to Filing Officer # # 4 (DATE OF TWC) CORRECTED # 1 (NAME) TO MATCH PELAWANE CERTIFICATE.	(Document Number)	
Special Instructions to Filing Officer # 44 (DOTE OF TWC) CORRECTED # 1 (NAME) TO MATCH PELAWARE CERTIFICATE.	(Document Number)	
Special Instructions to Filing Officer # 44 (DOTE OF TWC) CORRECTED # 1 (NAME) TO MATCH PELAWARE CERTIFICATE.		
MATCH PELAWARE CERTIFICATE.	Certified Copies Certificates of Status	
MATCH PELAWARE CERTIFICATE.		
MATCH PELAWARE CERTIFICATE.	Special Instructions to Filing Officer + 44 (DOTE of .	TNC)
MATCH PELAWARE CERTIFICATE.	CORRECTED #1 (NAME) TO	
	MATCH PELAWARE GERTIFICATE	=
~ 07/20/n		
~ 07/20/n		
- 07/20/n		
	2 0/1/20/12	



600237551626

07/19/12--01012--005 **87.50

12 JUL 19 #111:55

Office Use Only

TT 07/20/12

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: G.MIC. INFINITI INC. C Name of corporation - must i	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authoriz "Certificate of Existence," or "Certificate of Good Standing" an above referenced foreign corporation to transact business in Flo	d check are submitted to register the
Please return all correspondence concerning this matter to the fo	flowing:
MARIE E. CERRETANI	
Name of Person	
GMIC. INFINITI, INC. dba. H	EAUENLY FOODS
rinicompany	
19055 SW. 93rd. LOOP	
Address	
DUNNELLON, FL. 34432 City/State and Zip Co	
heavenly foods ac a aol. con E-mail adds ss: (to be used for future	ode ·
heavenly foods ac @ aol.con	7
E-mail addsess: (to be used for future	annual report notification)
For further information concerning this matter, please call:	
GARY CERRETANI at (978) 26	7-2152
Name of Person Area Code & I	Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section	New Filing Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
	Filing Fee & Certificate of Status & Certified Conv

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMIREGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORID		ro	
0.80 ± 0.7	vA.		
1 GITLE INFINITI, INC.			
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	(e)	=	~~! 3 H
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")			ensa.
		vo €	FIR
HEAVENLY FOODS	<u> </u>	*****	1774
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business.)	ness in Flo	ridā)	35.15
2. DELAWARE 3. 04-3555143	9	<u>기</u>	. '
(State or country under the law of which it is incorporated) (FEI number, if applicable)	Ų,	
4. February 27 2001 5. PERPETUAL			
(Date of inoxporation) (Duration: Year corp. will cease to exist	or "perpetu	ıal")	
6. N/A			
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)			
7. TO BE: 19055 SW. 93rd LOOP, DUNHELLON, FL.	3442	32	
(Principal office address)			
FURMER: I WAGON DRIVE, MORTHREADING, MA. O.	1864		
(Current mailing address)			
8. DISTRIBUTION OF FOODS - (NOTRUCKS OR WARE	14005	٤)	
(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: MARIE E. CERRETAHI		, ŝ,	1
Office Address: 19055 5W. 93rd Loop	1	···	
0		ጎ <u>ት</u>	• •
DUNNRLLON, Florida 34432	•	20	
(City) (Zip code)			
10. Registered agent's acceptance:			
Having been named as registered agent and to accept service of process for the above stated corpo			
designated in this application, I hereby accept the appointment as registered agent and agree to a			
further agree to comply with the provisions of all statutes relative to the proper and complete perf and I am familiar with and accept the obligations of my position as registered agent.	ormance	of my du	ties
una i um juminiar wan una accept ine obligations of my position as registered agent.			
A V = A			
Lisin & Enestin			
(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:			
A. DIRECTORS			
Chairman: MARIE E. CERRETANI			
Address: 19055 S.W. 93ed Loop			
Dunne Uon, Fh 34432			
Vice Chairman: U/A			· · · · · ·
Address:			
Director: N/A	····-		
Address:			
Director: N/H			
Address:	<u>. </u>		
	(d) (<u>.</u>	entralike)
B. OFFICERS	i a	= _	t with a bible.
President: MARIE E. CERRETANI)		
Address: 19055 5W. 93 rd LOOP	h.]	_16_ 	11 12 12 12 12 12 12 12 12 12 12 12 12 1
DUMNIELLOM, FL 34432		<u>7</u>	
Vice President: NA	· , , · · · · · · · · · · · · · · · · ·		
Address:			<u></u>
Secretary: N/A			
Address:			
Treasurer: NA		·	
Address:			
NOTE: If necessary, you may attach an addendam to the application listing additional officers and/or d	lirector	s.	
13. Julia & ferratui	<u></u>		
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the fac			
are true and that he or she is aware that false information submitted in a document to the Department of third degree felony as provided for in s.817.155, F.S.	State c	onsti	itutes a
14 MARIEE. CERRETANI PRESIDENT			
(Typed or printed name and capacity of person signing application)			

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GMIC INFINITI, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JULY,

A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GMIC INFINITI, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

12 JUL 19 AH II: 55

3361212 8300

120839577

Jeffrey W. Bullock, Secretary of State
AUTHENTYCATION: 9712080

DATE: 07-16-12

You may verify this certificate online at corp.delaware.gov/authver.shtml