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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:		
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Office Use Only



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**COVER LETTER** 

TO: New Filing Section Division of Corporations	
SUBJECT: Action Food Sales, Inc.	
	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stan above referenced foreign corporation to transact business."	ding" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Suzanne Warfield, Paralegal	
Name of	Person
Robinson, Bradshaw & Hinson, PA	
Firm/Com	pany
101 N. Tryon Street, Suite 1900	
Addre	SS
Charlotte, NC 28246	
City/State at	nd Zip code
jnilssonjr@actionfoodsales.com	
	or future annual report notification)
For further information concerning this matter, please c	ali:
Suzanne Warfield	\377-8149
Name of Person Area C	377-8149 lode & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section New Filing Section	
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	,
Enclosed is a check for the following amount:	
\$70.00 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. Action Food (Enter name of	Sales, Inc.  corporation; must include "INCORPORATE	D." "COMPANY." "CORPORATION."	
	Corp," "Inc," "Co," or "Corp,")		
(If name unava	ilable in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting busin	ess in Florida)
2. North Caroli	na ,	3	
(State or country	under the law of which it is incorporated)	3(FEI number, if applicable)	
4. February 10	6, 1989	5. Perpetual	
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or	r "perpetual")
б			
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
7. 6817 South	hpoint Parkway, Suite 1504, J		
	(Principal office ad	•	
6817 Sout	hpoint Parkway, Suite 1504		
	(Current mailing ad	(dress)	
8. To engage	in the business of food brok	erage or any lawful act or ac	<b>tivity</b>
(Purpose(s	s) of corporation authorized in home state or o	country to be carried out in state of Florida)	
9. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	John J. Nilsson		
			- 25 B
Office Address:	6817 Southpoint Parkway, Suite	<del></del>	
	Jacksonville	, Florida 32216	En R
	(City)	(Zip code)	
	gent's acceptance:		y was a super
Having been name designated in this	ed as registered agent and to accept serv application. I hereby accept the appoints	ice of process for the above stated corport ment as registered agent and agree to act	ation at the place In this canacity. I
further agree to co	omply with the provisions of all statutes i	relative to the proper and complete perfor	mance of my duties,
ana 1 am Jamiitar	with and accept the obligations of my po	silion as registered agent.	
		M	
<del></del>	(Registered agent's signature)		
the Department of S	State, by the Secretary of State or other of	not more than 90 days prior to delivery of	this application to in the jurisdiction
under the law of wh	hich it is incorporated.		

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

A. DIRECTORS	
Chairman:	
Address:	
	<del></del>
Vice Chairman:	
Address:	
Director: John J. Nilsson	
Address: 6817 Southpoint Parkway, Suite 1504	
Jacksonville, FL 32216	
Director: Peter Jensen	Di Air -
Address: 6817 Southpoint Parkway, Suite 1504	50 -
Jacksonville, FL 32216	72
B. OFFICERS	
President: John J. Nilsson	
Address: 6817 Southpoint Parkway, Suite 1504	Em S
Jacksonville, FL 32216	
Vice President: Peter Jensen	
Address: 6817 Southpoint Parkway, Suite 1504	
Jacksonville, FL 32216	
Secretary: John J. Nilsson	
Address: 6817 Southpoint Parkway, Suite 1504, Jacksonville, FL 32216	
Treasurer: Peter Jensen	
Address: 6817 Southpoint Parkway, Suite 1504, Jacksonville, FL 32216	
NOTE: If necessary, you may attach an addeption to the application listing additional officers and/or	r directors.
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affirms that the fare 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, E/S.	



## NORTH CAROLINA Department of the Secretary of State

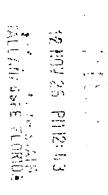
#### **CERTIFICATE OF EXISTENCE**

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### **ACTION FOOD SALES, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 16th day of February, 1989, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.







IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 21st day of November, 2012.

Elaine I. Marshall

Secretary of State