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COVER LETTER

TO: New Filing Section

Division of Corporations
SUBJECT: MODH, COCP.
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:
Dogen Houthome, Esq.
Name of Person
Golden Knust Caribbean Bakery 4 Grill
Firm/Company
3938 Paris Avenue, months
Address
Kranx, NY, 1045
City/State and Zip code
Email address: (to be used for future annual report notification)
man address. (to be used for future annual report normication)
For further information concerning this matter, please call:
Daren Hawthorne at (914) 879-5498 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
STREET/COURIER ADDRESS: New Filing Section New Filing Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Tullinasses, 115 32501
Enclosed is a check for the following amount:
**Transport \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status & Certified Copy Certi

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(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) **Debaty Noch** (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) **Replace of Florida registered agent: (P.O. Box NOT acceptable) Name: **Manual: Back Not Street**, Soite C. Laudes Not S	MODA COCP	
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Current mailing address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Name: Nathonne-Lee, Cassandra (City) (City) (City) (FEI number, if applicable) (Perpetual*)		
(State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Current mailing address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Lathoure-Lee, Cassandra (City) (City) (FEI number, if applicable) (City) (Current or registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (City) (Principal office address) (City) (City) (City) (City) (Duration: Year corp. will cease to exist or "perpetual")	If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Flori	ida)
(Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Current mailing address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Harthouse-Lee, Cassandra (Filice Address: 400 NW 12th Street, Sole C Laudes Will , Florida (Zip code)	New York 3. 47-1486677	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 15 Barberry A. Elmsfacel, NY, 10523 (Principal office address) (Current mailing address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Hartholne-Lee, Cassandra (Florida 13331) (City)	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 15 Barberry A. Elmsfact, NY, 1052 (Principal office address) (Principal office address) (Current mailing address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Name: Nathouse-Lee, Cassandra (City) (Ci	7/30/14 s. Perpetus!	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 15 Barberry A. Elmsferch, NY, 105 2 (Principal office address) 3758 Park August. Berry, NY, 10457 (Current mailing address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Hantho(ne-Lee, Cassandra Tice Address: 4000 NW 13th Street, Soile C Laudes hill , Florida 33313 (City) (City) (City)	(Date of incorporation) (Durstion: Year corp. will cease to exist or "perpetut	al")
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 15 Barberry A. Elmsferce, Ny, 105 23 (Principal office address) 3958 Park Avanue: Barry, Ny, 10457 (Current mailing address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Hawtholne-Lee, Cassandra fice Address: 4000 NW 13th Street, Soile C Laudes hill , Florida 33313 (City)	(Page 6-1) to a second distribution in Planta (Caringa and Institute)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Hawthorne-Lee, Cassandra fice Address: 400 NW 13th Street, Soile C Laudes hill , Florida 33313 (City) (Zip code)		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Hawthorne-Lee, Cassandra fice Address: 400 NW 13th Street, Soile C Laudes hill , Florida 33313 (City) (Zip code)	15 Barberry rd. ElmsFord, NY, 10523	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Harthouse-Lee, Cassandra Florida MW 12th Street, Solve C Laudes hill Florida 33313 (City) (Zip code)	(Principal office address)	
Name: Hartholine-Lee, Cassandra Fice Address: 400 NW 12th Street, Solve C Laudes hil , Florida 33313 (City) (Zip code)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Name: Hawthorne-Lee, Cassandra Florida 33313 (City) Name: Hawthorne-Lee, Cassandra Cipcode)	(Current mailing address)	邓 夏
Name: Hawthorne-Lee, Cassandra fice Address: 400 NW 12th Street, Solve C Laudes Will Florida 33313 (City) (Zip code)	Name and street address of Florida majetaned appart. (D.O. Bay, NOT assentable)	<u> </u>
Give Address: 400 NW 12th Street, Some C Laudes Will Florida 33313 (City) (Zip code)		
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(City) (Zip code) \sim	ice Address: 400 NW 12th Street, Soite C	
(City) (Zip code) \sim	laudeshill Florida 33313	<u> </u>
Registered agent's acceptance:		\sim
megnieren aufent a nerebranen:	Resistance over the second same	35
aving been named as registered agent and to accept service of process for the above stated corporation at the place		t the place

(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Daren Heuthore!
Address: 15 Bourbery Rock
ElmsFord, NY, 10523
Vice Chairman: Cowell Howthere
Address: Sane 95 abare
National Control of the Control of t
Director: Lang Henthane
Address: Sane as asalve
Director: Monique - Orner Houthore
Address: Save 95 abre
Additess.
B. OFFICERS
President: Daren Hawthore
Address: 15 Barbery Rd.
Elas Ford, My 1050
<u> </u>
Vice President: Haywood Howthere
Address: Same As Abave
Secretary: Onac Howthone
Address: Some As Above
Treasurer: Mariace Howthone
Address: Some As Abace
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12.
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. 13 To Cen Hay Thoragon - President

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



Bakers of Superior Quality * Hardo Bread * Buns * Patties * Etc. 3958 PARK AVENUE, BRONX, N.Y. 10457 * 718-655-7878 * FAX 718-583-18883

September 11, 2014

Florida Department of State Department of Corporations PO BOX 6327 Tallahassee, Florida 32314 ATTN: Tyrone Scott

Re: Application for foreign corporation to conduct business in Florida Reference Number: W14000050180

To whom it may concern:

I am writing in regards to the above referenced matter. Enclosed, please find the previously sent package in addition to a certificate of good standing issued by New York State. I have included your correspondence dated August 18, 2014, which stated that I failed to include the certificate. I note that the check for \$87.50 was not returned notwithstanding the unprocessed application. Please let me know if the division is holding on to the check or if I need to send another check. Please do not hesitate to contact me.

Warmest Regards,

Daren L. Hawthorne, Esq.
Golden Krust Caribbean Bakery & Grill
Corporate Counsel

<u>Daren@goldenkrustbakery.com</u>
(718)655-7878 Ext. 7139

State of New York } ss: Department of State

I hereby certify, that the Certificate of Incorporation of MODH CORP. was filed on 07/30/2014, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 05th day of September two thousand and fourteen.

Autiny Siardina

Executive Deputy Secretary of State