F141000004158

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
-				
(Bu	siness Entity Name	9)		
. (32	Ziniy Ham	-,		
(120	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
		1		
	·			

Office Use Only



100264006621

09/29/14--01034--086 **70.00

14 SEP 29 AH 9: 38

COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: NEW DAWN, INC.				
Name of corporation - must include suffix				
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business	ding" and check are submitted to register the			
Please return all correspondence concerning this matter Alan B. Samlan	to the following:			
Name of I	Person			
Knechtel, Demeur & Samlan				
Firm/Com	pany			
525 W. Monroe St., Suite 2360)			
Addre	SS			
Chicago, IL 60661				
City/State ar	nd Zip code			
asamlan@kdslaw.com				
E-mail address: (to be used f	or future annual report notification)			
For further information concerning this matter, please c	all:			
Alan B. Samlan Name of Person Area Code & Daytime Telephone Number				
Name of Person Area C	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	S78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy ☐ Certificate of Status & Certified Copy			

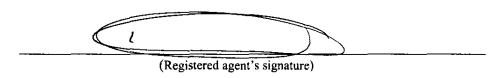
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. NEW DA	WN, INC.		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
New Dawn F	Restaurants, Inc.		
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting b	ousiness in Florida)
2. California	llifornia 30-0114473		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 09/09/2002		Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6. N/A			
_{7.} 1299 Bed	(SEE SECTIONS 607.1501 & 607.1501 ford Drive, Melbourne, F		
(Principal office address)		ress)	
P.O. Box 40, Kingsburg, CA 93631		ATT. EP	
8 Name and stree	(Current mailing add taddress of Florida registered agent: (P.0	,	29 AH 9
o	Dawn Salazar	2. 201 <u>1. 21 </u> 4000p 440.0)	9:38
Name:	Dawii Salazai	<u> </u>	1 (2)
Office Address:	1299 Bedford Drive		
	Melbourne	. Florida 32940	
	(City)	(Zip code)	

9. 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.



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: Dawn Salazar Address: P.O. Box 40 Kinbsburg, CA 93631 Vice Chairman: Address: Director: Address: _ **B. OFFICERS** President: Dawn Salazar Address: P.O. Box 40 Kingsburg, CA 93631 Vice President: ______ Secretary: __ Address: __ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Dawn Salazar

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

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

NEW DAWN, INC.

FILE NUMBER:

C2466132

FORMATION DATE:

09/09/2002

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 27, 2014.

> **DEBRA BOWEN** Secretary of State