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Office Use Only



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SECRESHIE OF STATE
PAIL AT ASSET, FLORIDA

ON 100

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Harbor View Foods luc
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:
Joseph V. CASA Name of Person
Harbor View Foods INC.
Firm/Company
3414 RUNAWAY CT. Address
Address
Naples, FL 34114
City/State and Zip code
Maples, FL 34114 City/State and Zip code Joe a harborview foods. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
T 1 Can 12, COD TAKO
Name of Person at (631) 928-5040 Grand Area Code Daytime Telephone Number Grand
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Francisco
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & Certificate of Status Certified Copy \$87.50 Filing Fee, Certified Copy



July 8, 2015

JOSEPH CASA 3414 RUNAWAY CT NAPLES, FL 34114

SUBJECT: HARBOR VIEW FOODS INC.

Ref. Number: W15000045986

We have received your document for HARBOR VIEW FOODS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 715A00014240

CONSTRUCTION STATES

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.

(Enter name of	corporation; must incl Corp," "Inc," "Co," or	ew Food ude "INCORPORATED," '	as INC. "COMPANY," "CORPORATION	"
····,,	,,	CO.P.)		
(If name unavai	lable in Florida, enter	alternate corporate name ad-	opted for the purpose of transacting	g business in Florida)
<u>Nei</u>	u yor	K 3.	11 - 327 - 48 (FEI number, if app	790
6	-13-9	5.	perpetual	}
(Date	of incorporation)		(Date of duration, if other t	than perpetual)
	(SEE SECT	TONS 607.1501 & 607.1502	Florida, if prior to registration) 2, F.S., to determine penalty liabilit	ty)
34	(SEE SECT	TONS 607.1501 & 607.1502		34114
34	(SEE SECT	TONS 607.1501 & 607.1502 AWAY C.T. (Principal	2, F.S., to determine penalty liabilit	34114
	(SEE SECT	TONS 607.1501 & 607.1502 AWAY C.T. (Principal	2, F.S., to determine penalty liability Naples, FL office address)	34114 15 JU
34	(SEE SECT	TONS 607.1501 & 607.1502 AWAY C.T. (Principal	2, F.S., to determine penalty liability Naples; FL office address) address, if different)	34114
34	(SEE SECT	(Current mailing a registered agent: (P.O.	2, F.S., to determine penalty liability Naples, FL office address) address, if different) Box NOT acceptable)	34114 15 JUL 17
34 Name and stre	(SEE SECT	(Current mailing a registered agent: (P.O.	2, F.S., to determine penalty liability Naples, FL office address) address, if different) Box NOT acceptable)	34114 15 JUL 17 PH 1:
34 Name and stree Name:	et address of Florida To 5 ep	(Current mailing a registered agent: (P.O.	2, F.S., to determine penalty liability Naples, FL office address) address, if different) Box NOT acceptable)	34114 15 JUL 17 PM 1: 8 FALL CHASSEF FLORIG

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.

(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: Address: Vice Chairman: ___ Address: Director: Address: _ Director: Address: _ **B. OFFICERS** Vice President: Address: __ 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 11 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.

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

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of HARBOR VIEW FOODS, INC. was filed on 06/13/1995, 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.

The Biennial Statement is past due.



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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 29th day of June two thousand and fifteen.

Littliny Sicilina

Executive Deputy Secretary of State

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