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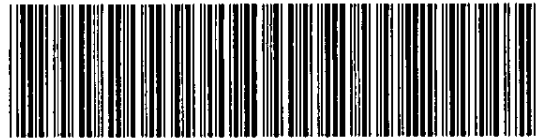
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2016 FEB - 9 AM 8:46

STATE OF FLORIDA  
TALLAHASSEE

FEB 10 2016  
J. HARRIS

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 995790 7689782

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : February 5, 2016

ORDER TIME : 10:18 AM

ORDER NO. : 995790-005

CUSTOMER NO: 7689782

FOREIGN FILINGS

NAME: ALMO DISTRIBUTING  
PENNSYLVANIA, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Almo Distributing Pennsylvania, Inc.

*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:

Nadine Robinson

*Name of Person*

Almo Distributing Pennsylvania, Inc.

*Firm/Company*

2709 Commerce Way

*Address*

Philadelphia, PA 19154

*City/State and Zip code*

nrobinson@almo.com

*E-mail address: (to be used for future annual report notification)*

For further information concerning this matter, please call:

Nadine Robinson

215

698-4049

at ( )

*Name of Person*

*Area Code*

*Daytime Telephone Number*

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 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. Almo Distributing Pennsylvania, Inc.  
(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)
2. Pennsylvania 3. 23-2304272  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/17/1984 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 2/1/2016  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2709 Commerce Way, Philadelphia, PA 19154  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

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TALLAHASSEE FLORIDA

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.*

Corporation Service Company

By: \_\_\_\_\_

(Registered agent's signature)

Courtney Williams  
Asst. Vice President

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: Eugene B. Chaiken

Address: 2709 Commerce Way, Philadelphia, PA 19154

Vice Chairman:

Address:

Director: Warren B. Chaiken

Address: 2709 Commerce Way, Philadelphia, PA 19154

Director: Roslyn G. Chaiken

Address: 2709 Commerce Way, Philadelphia, PA 19154

**B. OFFICERS**

President: Warren B. Chaiken

Address: 2709 Commerce Way, Philadelphia, PA 19154

Vice President: Matthew O. Elkes

Address: 2709 Commerce Way, Philadelphia, PA 19154

Secretary: Patricia Leotta

Address: 2709 Commerce Way, Philadelphia, PA 19154

Treasurer: Nadine Robinson

Address: 2709 Commerce Way, Philadelphia, PA 19154

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Nadine Robinson

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.

13. Nadine Robinson, Treasurer

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

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

02/05/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ALMO DISTRIBUTING PENNSYLVANIA, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written

*Pedro A. Contes*

Secretary of the Commonwealth

Certification Number: TSC160205100330-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>