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APR O 5 2015 J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporation	nne			
	Division of Corporation	Patty Expre	ss In	2.	
SUBJ	ECT:				
		Name of corpora	tion	- must include suffix	
Dear S	Sir or Madam:				
"Certi	nclosed "Application by ficate of Existence," or ' referenced foreign corp	'Certificate of Good	Stan	ding" and check are sul	
Please	return all corresponden	ce concerning this ma	atter	to the following:	
		Lorraine Hawt			
		Name	of F	Person	
		Golden Krust Carib			
		Firm/(Comi	oany	*
		3958 Par			
		A	ddre	SS	
		Bronx, New Y	ork :	10457	
		City/Sta lorraine@gold		d Zip code stbakery.com	
	E-m	nail address: (to be us	ed fo	or future annual report	notification)
For fu	rther information concer	ning this matter, plea	se ca	all:	
Lorrain	ne Hawthorne-Morrison	646		302-7384	
	Name of Person	at (Area (Code	Daytime Telep	hone 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		
Enclos	ed is a check for the foll	owing amount:			
□ \$70		78.75 Filing Fee & Certificate of Status	0	\$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. PATTY EXPRESS, INC. 1. (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) (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (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) 3958 Park Avenue, Bronx NY 10457 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Cassandra Hawthorne-Lee Name: 4120 NW 12th Street Office Address: Lauderhill (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. (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. Nar	mes and business addresses of officers and/or directors:		
A. DIR	RECTORS		
Chairma	n:		······································
Address:			
Vice Cha	airman:		
Director:			
11001055.			
Director:			·
Address.			
B. OFF	TCFDS		
	Lowell Hawthorne	AF 15	
	3958 Park Avenue	AP AP	At Maryang
Address:	Bronx NY 10457	77 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7	###
	· · · · · · · · · · · · · · · · · · ·		i · · · · ·
Vice Pres	sident:	FINE PRIOR	No.
Address:			
	Lauris Campbell		
Secretary			
Address:			
Treasure			
Address:	3958 Park Avenue, Bronx NY 10457		
NOTE:	If necessary, you may attach an addendum to the application listing ad	ditional officers and/or direct	ors.
12	Lauris Campbell	· · · · · · · · · · · · · · · · · · ·	
The offi	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 al	have) affirms that the facts st	ated berein
are true	and that he or she is aware that false information submitted in a docume egree felony as provided for in s.817.155, F.S.	ent to the Department of State	
13	Lauris Campbell, Secretar	' y	

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

State of New York **} ss: Department of State**

I hereby certify, that the Certificate of Incorporation of PATTY EXPRESS, INC. was filed on 01/20/1995, 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.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 15th day of March two thousand and sixteen.

Cotationy Scardina

Executive Deputy Secretary of State