

F16 000003485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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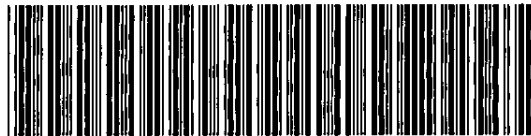
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**CORPORATE
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- ☐ **CERTIFIED COPY** _____
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- ☒ **FILING** Foreign Corp _____

1. **Seafrigo Logistics USA, Inc.**
(CORPORATE NAME AND DOCUMENT #) _____
2. _____
(CORPORATE NAME AND DOCUMENT #) _____
3. _____
(CORPORATE NAME AND DOCUMENT #) _____
4. _____
(CORPORATE NAME AND DOCUMENT #) _____
5. _____
(CORPORATE NAME AND DOCUMENT #) _____
6. _____
(CORPORATE NAME AND DOCUMENT #) _____

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SPECIAL INSTRUCTIONS: _____

**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. Seafrigo Logistics USA, 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. New Jersey 3. 47-5090559
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 8, 2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. August 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. 735 Dowd Avenue, Elizabeth, New Jersey 07201
(Principal office address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Seafrigo Coldstorage Miami Inc.
- Office Address: 3200 NW 67th Avenue, Building 2, #230
- Miami, Florida 33122
(City) (Zip code)

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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: Eric Barbe

Address: 735 Dowd Avenue

Elizabeth, New Jersey 07201

Director: _____

Address: _____

B. OFFICERS

President: Eric Barbe

Address: 735 Dowd Avenue

Elizabeth, New Jersey 07201

Vice President: Hervé Bonis

Address: 735 Dowd Avenue

Elizabeth, New Jersey 07201

Secretary: Al Raffa

Address: 735 Dowd Avenue, Elizabeth, New Jersey 07201

Treasurer: Stephane Desseigne

Address: 735 Dowd Avenue, Elizabeth, New Jersey 07201

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

12. Al Raffa - Secretary

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. Al Raffa, Secretary

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

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**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
SHORT FORM STANDING**

SEAFRIGO LOGISTICS USA, INC.
0101038275

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on September 8, 2015.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify the registered agent and registered office are:

Alfonse Raffa
735 Dowd Avenue
Elizabeth, NJ 07201



Certificate Number: 138776853

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
12th day of July, 2016*

A handwritten signature in dark ink, appearing to read "Ford M. Scudder".

Ford M Scudder
Acting State Treasurer

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