# F170000000088

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| (Oil                    | y Calo Lipit Horic | ,           |
| PICK-UP                 | WAIT               | MAIL        |
| (D.                     |                    |             |
| (Bu                     | isiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only



500295290675

02/10/17--01012--010 \*\*70.00

17 FFR IO PH 13 OS

J. HARRIS

### **COVER LETTER**

| то:    | Registration Sec<br>Division of Cor  |   |             |  |  |
|--------|--|---|-------------|--|--|
| SUBJ   | ECT:   | Amero Foods Man   | ufacturing  | Corporation  |  |
|        |  | Name of corpora   | tion - mu   | st include suffix  |  |
| Dear S | Sir or Madam:  |   |             |  |  |
| "Certi | ficate of Existence  | on by Foreign Corporation<br>e," or "Certificate of Good!<br>n corporation to transact bu | Standing'   | and check are sub  |  |
| Please | return all corresp   | ondence concerning this ma  | atter to th | e following:   |  |
|        |  | Alton K. Burton, Atty/CPA   | 4           |  |  |
|        |  | Name  | of Perso    | n  |  |
|        |  | Alton K. Burton, Atty/CPA   | 4           |  |  |
|        |  | Firm/C  | Company     |  |  |
|        |  | 9501 Anchorage Place  |             |  |  |
|        |  | A   | ddress      |  |  |
|        |  | Bethesda, MD 20817  |             |  |  |
| ***    |  | City/Sta  | te and Zi   | code   |  |
|        |  | burtonak@verizon.net  |             |  |  |
|        |  | E-mail address: (to be us   | sed for fu  | ure annual report  | notification)  |
| For fu | rther information  | concerning this matter, plea  | ise call:   |  |  |
| Alton  | K. Burton, Atty/CP   | A at (301   | ) 3         | 65-1974  |  |
|        | Name of Person   |   |             | Daytime Telep  | hone Number  |
| Englo  | Registration Sec<br>Division of Cor<br>Clifton Building<br>2661 Executive<br>Tallahassee, FL | porations<br>3<br>Center Circle<br>32301  |             | MAILING A<br>Registration S<br>Division of C<br>P.O. Box 632<br>Tallahassee, I | Section<br>orporations<br>7                                  |
|        | 0.00 Filing Fee  | the following amount:  \$78.75 Filing Fee & Certificate of Status                         |             | .75 Filing Fee &<br>tified 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.

| (Enter name of c  | corporation; must include "INCORPORATED,"  Corp., "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATION,"                               | <del></del>  |
|-------------------|--|---|--------------|
| me., co., c       | orp, me, co, or corp. )  |   |              |
|                   |  |   |              |
| (If name unavail  | able in Florida, enter alternate corporate name ac                         | dopted for the purpose of transacting business in Flori | ida)         |
| 2. Maryland       | 3.   | 3. 52-1499536   |              |
| (State or country | ry under the law of which it is incorporated)                              | hich it is incorporated) (FEI number, if applicable)    |              |
| 4. 12/17/1986     | 5.   |   |              |
| (Date             | e of incorporation)  | (Date of duration, if other than perpetual)             | <del></del>  |
| 6. 01/01/2017     |  |   |              |
| ·                 | (Date first transacted business in   | Florida, if prior to registration)                      |              |
|                   | (SEE SECTIONS 607.1501 & 607.150   | 22, F.S., to determine penalty liability)               |              |
| 7.                | 9445 L Washington Blvd, N, Laurel, MD                                      | 20723   |              |
| ·                 | (Principa  | l office address)                                       |              |
|                   | 9445 L Washington Blvd, N, Laurel, MI                                      | D 20723   |              |
|                   | (Current mailing   | g address, if different)                                |              |
|                   |  | <b>17</b>   | 11/2         |
| 8. Name and stre  | et address of Florida registered agent: (P.O.                              | . Box NOT acceptable)                                   | 2 <u>2</u> 2 |
|                   |  |   | ===          |
| Name:             | Registered Agents, Inc.  | _   | , 23TH       |
| Office Address:   | 3030 N. Rocky Point Dr. STE 150A   |   | :::\o        |
|                   |  | <del></del>   |              |
|                   | Tampa  | , Florida <u>33607</u>                                  | / 著          |
|                   | (City)   | (Zip code)  |              |

#### 9. Registered agent's acceptance:

Amora Egoda Manufacturing Corporation

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.

Bill Havre / Secretary / Registered Agents Inc.

(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.

Names and business addresses of officers and/or directors

| hairmai             | Director: Theodore Pary  |                 | ·····                           |
|---------------------|--|-----------------|---------------------------------|
| .ddress:            | 12745 Lime Kiln Road   |                 |                                 |
|                     | Highland, MD 20777   |                 |                                 |
| ice Cha             | irman: Director: Mireille Picou  |                 |                                 |
|                     | 12745 Lime Kiln Road   |                 |                                 |
|                     | Highland, MD 20777   |                 |                                 |
| oirector:           | Alton K. Burton  |                 |                                 |
|                     | 9501 Anchorage Place   |                 | ·                               |
|                     | Bethesda, MD 20817   |                 |                                 |
| Director:           |  |                 |                                 |
|                     |  |                 |                                 |
|                     |  |                 |                                 |
| 3. OFF              | TICERS   |                 |                                 |
| resident            | Theodore Pary  |                 |                                 |
|                     | 12745 Lime Kiln Road   | •               | •                               |
|                     | Highland, MD 20777   | 17 8            |                                 |
| /ice Pre            | sident: Mireille Picou   | <b>6</b>        | 25.<br>25.<br>25.<br>25.<br>26. |
|                     | 12745 Lime Kiln Road   | 0               | 500                             |
|                     | Highland, MD 20777   | <del>- 32</del> | - <del>多</del> SI               |
| ecretary            | Alton K. Burton  | 9               | Tion in the second              |
|                     | 9501 Anchorage Place, Bethesda, MD 20817   |                 |                                 |
|                     | Alton K. Burton  |                 |                                 |
|                     |  |                 |                                 |
| reasure`            |  |                 |                                 |
| reasure<br>Address: | 9501 Anchorage Place, Bethesda, MD 20817  If necessary, you may attach an addendum to the application listing additional officers and/or dir |                 |                                 |

13. Alton K. Burton, Atty/CPA, Director/Secretary-Treasurer

a third degree felony as provided for in s.817.155, F.S.

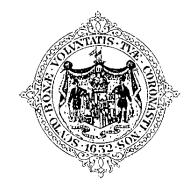
## STATE OF MARYLAND Department of Assessments and Taxation

I. MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT AMERO FOODS MANUFACTURING CORPORATION. INCORPORATED DECEMBER 17, 1986, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS. AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JANUARY 30, 2017.

Michael L. Higgs Acting Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

0010476127

CRTGST