

F170000001876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

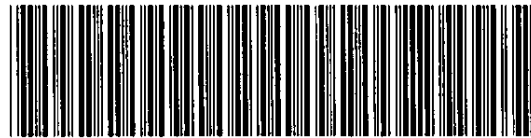
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W17-24882

608, 623

Office Use Only



200295286902

03/22/17--01018--019 \*\*70.00

APR 26 2017  
S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAR 22 PM 3:18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MAR 29 2017

March 23, 2017

KATHRYN COLEMAN  
SAFE FOODS CORPORATION  
4801 NORTHSORE DRIVE  
NORTH LITTLE ROCK, AR 72118

COPY

SUBJECT: SAFE FOODS CORPORATION  
Ref. Number: W17000024882

We have received your document for SAFE FOODS CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 817A00005559

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 MAR 22 PM 3:18

FILED  
TALLAHASSEE, FLORIDA

2017 APR 25 PM 12:46

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Safe Foods Corporation  
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:

Kathryn Coleman  
Name of Person  
Safe Foods Corporation  
Firm/Company  
4801 Northshore Drive  
Address  
North Little Rock, AR 72118  
City/State and Zip code  
KRColeman@safefoods.net  
E-mail address: (to be used for future annual report notification)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAR 22 PM 3:18

For further information concerning this matter, please call:

Kathryn Coleman at ( 501 ) 758-8500  
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. Safe Foods Corporation  
(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. Delaware 3. 71-0819906  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/06/2000 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 01-30-17  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4801 Northshore Drive, North Little Rock, AR 72118  
(Principal office address)

same as above  
(Current mailing address, if different)

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

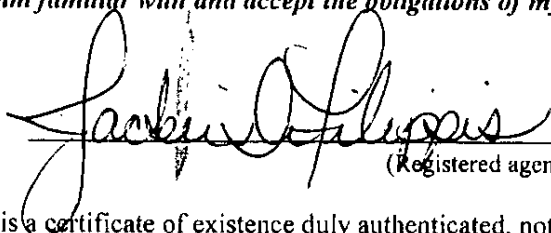
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(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.*



Jackie DeFilippis on behalf of InCorp Services, 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.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAR 22 PM 3:18

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Carl S. Rosenbaum

Address: 4801 Northshore Drive  
North Little Rock, AR 72118

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Chris Coleman

Address: 4801 Northshore Drive  
North Little Rock, AR 72118

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Kathryn Coleman

Address: 4801 Northshore Drive, North Little Rock, AR 72118

Treasurer: same as above

Address: \_\_\_\_\_

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

12. \_\_\_\_\_

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. Kathryn Coleman, EVP & Chief Administrative Officer  
(Typed or printed name and capacity of person signing application)

FILED  
SECRETARY OF STATE  
TALAHASSEE, FLORIDA  
17 MAR 22 PM 3:18

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAFE FOODS CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF FEBRUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAFE FOODS CORPORATION" WAS INCORPORATED ON THE SIXTH DAY OF SEPTEMBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

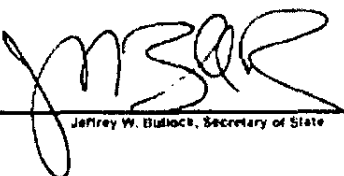
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAR 22 PM 3:18



3284483 8300

SR# 20170860462

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202066328

Date: 02-20-17