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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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WE LE WARRIS

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: NEW CUISINE INCOR	PORATES - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business	ling" and check are submit		
Please return all correspondence concerning this matter	to the following:		
JEFFREY KIRK SAMSON Name of P			
Name of P	erson		
NEW CUISINE INC			
Firm/Comp	pany	-	
1386 SAND CASTLE ROA	S		
Addres	SS		
SANIBEL FLORIDA	33957		
City/State an	d Zip code		
CATERING MALIA @ GMAIL	L. COM		
E-mail address: (to be used for	or future annual report notif	fication)	
For further information concerning this matter, please ca	all:		
JEFF SAMSON 21.7/19	420 5880		
Name of Person Area Code	Daytime Telephon	e Number	
STREET/COURIER ADDRESS:	MAILING ADD	RESS:	
Registration Section	Registration Section		
Division of Corporations Division of Corporations			
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314		
Tallahassee. FL 32301	rananassee, Fi. 3	52314	
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.

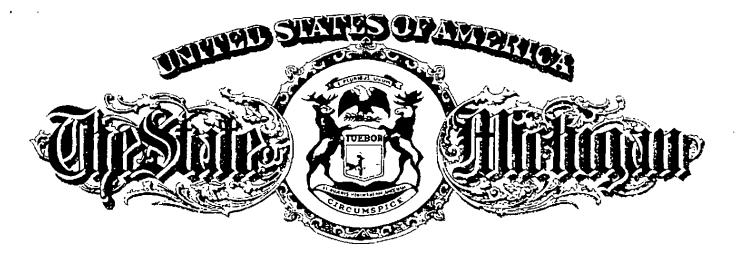
(Enter name of corporation: must include "INCORP "Inc.," "Co.," "Corp.," "Inc.," "Co,," or "Corp.,")	'ORATED. "CON	MPANY, "CC	RPORATION.		
_	٠				
(If name unavailable in Florida, enter alternate corpo	orate name adopted	I for the purpos	se of transacting busi	iness in Florida)	
MICHIGAN	3	38-311	1437		
(State or country under the law of which it is incorp	porated)	38 - 3/1/ 437 (FEI number, if applicable)			
MARCH 19 2007	5				
(Date of incorporation)		(Date of du	ration, if other than p	perpetual)	
					
(Date first transactor)	d business in Florid	a lifermor to re-	oistration)		
(Date first transacted (SEE SECTIONS 607,150	01 & 607.1502, F.S	S., to determine 4NIBEL	penalty liability)	3395	
(SEE SECTIONS 607.150	01 & 607,1502, F.S 20AD SI (Principal office)	S., to determine 4NIBEL re address)	penalty liability) FLORIDA	3395	
(SEE SECTIONS 607.150	01 & 607,1502, F.S UAD SI	S., to determine 4NIBEL re address)	penalty liability) FLORIDA		
(SEE SECTIONS 607.150	O1 & 607.1502, F.S. (Principal office) arrent mailing address	S., to determine 4NIBEL re address) ess, if different	FLORIDA		
Name and street address of Florida registered a	(Principal office arrent mailing address (P.O. Box	S., to determine 4NIBEL re address) ess, if different	FLORIDA	3395	
Name and street address of Florida registered a	(Principal office arrent mailing address (P.O. Box	S., to determine 4NIBEL re address) ess, if different	FLORIDA	2817 AUG 14 SELABLIANI TALLAHASSI	
Name and street address of Florida registered a	(Principal officerrent mailing address of the principal officerren	S., to determine 4NIBEL re address) ess, if different	penalty liability) FLORIDA able)		

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.

Jeffyk Janur (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: Vice Chairman: Address: Director: Address: _____ **B. OFFICERS** President: JEFFREY K. SAMSON Address: 1386 SAND CASTLE ROAD SANIBEL Vice President: KATHLEEN J. SAMSON Address: 1386 SAND CHETLE ROAD SANIBEL FL 33957 Secretary: Treasurer: Address: _____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. TEFFREY KIRK SAMSON Teffy Lamber (Typed or printed name and capacity of person signing application)





This is to Certify That

NEW CUISINE, INC.

was validly incorporated on March 19, 2007, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 31st day of July, 2017.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau