

F17000004087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

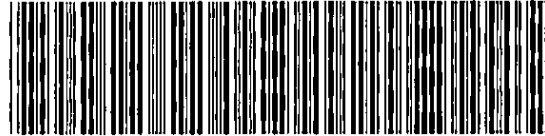
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DIVISION OF CLERK OF SUPERIOR COURT

17 SEP 13 AM 11:58

O. SIMMONS  
SEP 14 2017

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 809024 4709942

AUTHORIZATION :

COST LIMIT : \$70.00

ORDER DATE : September 11, 2017

ORDER TIME : 4:41 PM

ORDER NO. : 809024-025

CUSTOMER NO: 4709942

FOREIGN FILINGS

NAME: BOTANICAL FOOD COMPANY INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: \_\_\_\_\_

**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. Botanical Food Company 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. Delaware 3. 71-1036194  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
4. 07/25/2007 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. c/o Tax Department, 18 Loveton Circle, Sparks, MD 21152  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(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.*

Corporation Service Company  
By: Michele L. Abbott Michele L. Abbott  
(Registered agent's signature) Assistant Vice President

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.

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DIVISION OF CORPORATE REGISTRATION

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

**A. DIRECTORS**

Chairman: See Attached

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

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

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

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

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

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

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

**B. OFFICERS**

President: See Attached

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

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

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

12. Deidre Cassidy  
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. Deidre D. Cassidy/Asst. Secretary

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

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STATE OF FLORIDA  
DEPARTMENT OF STATE

Botanical Food Company, Inc.

<u>Directors</u>	<u>Title</u>	<u>Address</u>
Brendan M. Foley	Director	18 Loveton Circle Sparks, MD 21152
Jeffery D. Schwartz	Director	18 Loveton Circle Sparks, MD 21152
Robert P. Conrad	Director	18 Loveton Circle Sparks, MD 21152

<u>Officers</u>	<u>Title</u>	<u>Address</u>
Brendan M. Foley	Senior President	18 Loveton Circle Sparks, MD 21152
Udyan Khanna	President	18 Loveton Circle Sparks, MD 21152
John Bennett	Vice President	18 Loveton Circle Sparks, MD 21152
Robert P. Conrad	Treasurer	18 Loveton Circle Sparks, MD 21152
Jeffery D. Schwartz	Secretary	18 Loveton Circle Sparks, MD 21152
Paul B. Nolan	Assistant Secretary	18 Loveton Circle Sparks, MD 21152
Weiping Xiao	Assistant Secretary	18 Loveton Circle Sparks, MD 21152
Deirdre D. Cassidy	Assistant Secretary	18 Loveton Circle Sparks, MD 21152

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DIVISION OF CORP. SERVICES

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOTANICAL FOOD COMPANY INC." 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 ELEVENTH DAY OF SEPTEMBER, 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 "BOTANICAL FOOD COMPANY INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2007.

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



4340622 8300

SR# 20176094270

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203197117

Date: 09-11-17