

F18000005055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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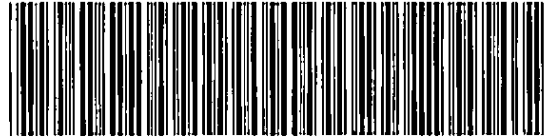
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 OCT 23 AM 2:47
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

K. SALY
NOV 5 2018

COVER LETTER

TO: Registration Section
Division of Corporations
TRUFFA SEED CO., INC.

SUBJECT: _____
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:
RAYMOND TRUFFA

Name of Person
TRUFFA SEED CO., INC.

Firm/Company
P.O. BOX 426, 55 COLDENHAM ROAD

Address
WALDEN, NY 12586

City/State and Zip code
raytruffa@frontiernet.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAYMOND TRUFFA 845 778-5808

Name of Person at (_____) Daytime Telephone Number
Area Code

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*

TRUFFA SEED CO., INC.

1. _____
(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)
NEW YORK 13-3128156

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
MAY 17, 1982

4. _____ 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)
55 COLDENHAM RD., WALDEN, NY 12586

7. _____
(Principal office address)
PO BOX 395, WALDEN NY 12586

(Current mailing address, if different)

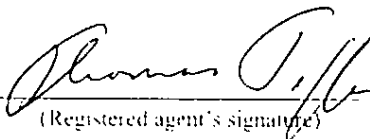
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: THOMAS TRUFFA

Office Address: 5505 N HWY A1A
FORT PIERCE 34949-8231
_____, Florida _____
(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.


(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.

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TALLAHASSEE, FLORIDA

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SEAL OF THE STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

THOMAS TRUFFA

Chairman:

5505 N HWY A1A

Address:

FORT PIERCE, FL 34949-8241

RAYMOND TRUFFA

Vice Chairman:

4 ELANOR DRIVE

Address:

MONTGOMERY, NY 12549

Director:

Address:

Director:

Address:

B. OFFICERS

THOMAS TRUFFA

President:

5505 N HWY A1A

Address:

FORT PIERCE, FL 34949-8241

RAYMOND TRUFFA

Vice President:

4 ELANOR DRIVE

Address:

MONTGOMERY, NY 12549

Secretary:

Address:

Treasurer:

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.

CHIEF FINANCIAL OFFICER

13. _____

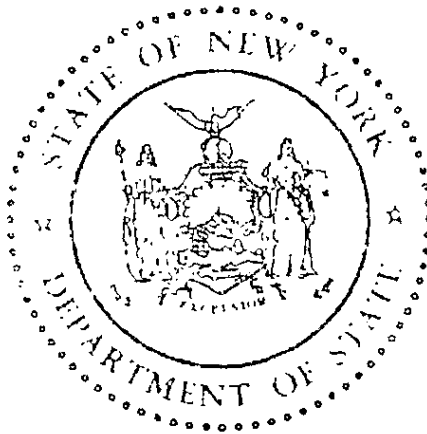
RAYMOND TRUFFA

VP/SEC CFO

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

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of TRUFFA SEED CO., INC. was filed on 05/17/1982, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



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18 OCT 23 AM 2:48
ST. CHARLES OF STATE
TALLAHASSEE, FLORIDA

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 16th day of October two
thousand and eighteen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", written over a horizontal line.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*