

F18000005944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

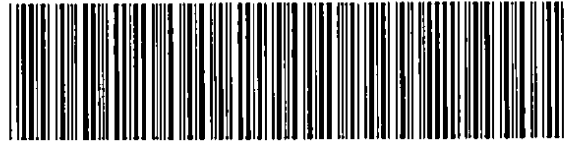
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
18 DEC 17 AM 9:40
TALLAHASSEE, FLORIDA

RECEIVED
18 DEC 17 AM 11:09

DEC 18 2018
S. YOUNG

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

ACCOUNT NO. : I20000000195

REFERENCE : 546003 6864A

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : December 14, 2018

ORDER TIME : 9:52 AM

ORDER NO. : 546003-010

CUSTOMER NO: 6864A

FOREIGN FILINGS

NAME: LA COLOMBE TORREFACTION, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I.A COLOMBE TORREFACTION, INC.

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:

LINDA M. LEE, PARALEGAL

Name of Person

COZEN O'CONNOR

Firm/Company

200 FOUR FALLS CORPORATE CENTER, SUITE 400

Address

WEST CONSHOHOCKEN, PA 19428

City/State and Zip code

marty@lacolombe.net

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

For further information concerning this matter, please call:

LINDA M. LEE

610

941-2378

at ()

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. LA COLOMBE TORREFACTION, 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)

PENNSYLVANIA

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

02/03/1994

(Date of incorporation)

(Date of duration, if other than perpetual)

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

2620 E. TIOGA STREET, PHILADELPHIA, PA 19134

(Principal office address)

2620 E. TIOGA STREET, PHILADELPHIA, PA 19134

(Current mailing address, if different)

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

Name: JEAN PHILIPPE IBERTI

Office Address: 9017 GARLAND ST.

SURFSIDE, Florida 33154 (City) (Zip code)

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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.

[Handwritten signature]

By: (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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: TODD CARMICHAEL

Address: 2620 E. TIOGA STREET, PHILADELPHIA, PA 19134

Director: JEAN PHILIPPE ILBERTI

Address: 2620 E. TIOGA STREET, PHILADELPHIA, PA 19134

B. OFFICERS

Chief Executive Officer: TODD CARMICHAEL Address: 2620 E. TIOGA STREET, PHILADELPHIA, PA 19134

President: JEAN PHILIPPE ILBERTI

Address: 2620 E. TIOGA STREET, PHILADELPHIA, PA 19134

Vice President: TOBIN BICKLEY (Vice President - Hospitality)

Address: 2620 E. TIOGA STREET, PHILADELPHIA, PA 19134

Secretary: CHARLES CHUPEIN II

Address: 2620 E. TIOGA STREET, PHILADELPHIA, PA 19134

Treasurer: CHARLES CHUPEIN II

Address: 2620 E. TIOGA STREET, PHILADELPHIA, PA 19134

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. JEAN PHILIPPE ILBERTI, PRESIDENT

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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

12/14/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

LA COLOMBE TORREFACTION, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Lanes

Acting Secretary of the Commonwealth

Certification Number: TSC181214171714-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>