# P1900002626

| (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: |  |  |  |
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 791791 7808809 AUTHORIZATION : ( COST LIMÍT ORDER DATE: June 4, 2019 ORDER TIME : 1:55 PM ORDER NO. : 791791-005 CUSTOMER NO: 7808809 FOREIGN FILINGS STERLING SPOON CULINARY NAME: MANAGEMENT CO. XXXX\_ QUALIFICATION (TYPE: | CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF GOOD \$TANDING

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

#### **COVER LETTER**

|                  | Registration Section Division of Corporations  |   |
|------------------|--|---|
| SUBJE            | STERLING SPOON CULINARY N  | MANAGEMENT CO.  |
|                  | <del> </del>   | poration - must include suffix  |
| Dear Sir         | or Madam:  |   |
| "Certific        |  | tion for Authorization to Transact Business in Florida," bod Standing" and check are submitted to register the t business in Florida. |
| Please re        | turn all correspondence concerning this ElliSON Harrell  | _   |
|                  | Sterling Spoon Culin   | ame of Person  Mary Management  m/Company  Lody Road Suit 465   |
| 44               | 170 Chambler Dinwa   | ody Road Suite 465  |
| At               | lanta GA 3033  | Augress   |
|                  | City   | State and Zip code  |
| EHA              | RRELL @metzcory  | Pridy e used for future annual report notification)   |
|                  | E-mail address: (to b  | te used for future annual report notification)  |
| For furth        | er information concerning this matter, [   | please call:  |
| Lois             | Boggan al (4   | 104 783 4026  rea Code Daytime Telephone Number   |
| í                | Name of Person Ar  | rea Code Daytime Telephone Number   |
| R<br>C<br>2<br>T | Registration Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, FL 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314                                    |
| Enclosed         | is a check for the following amount:   |   |
| <b>570.0</b> 0   | 0 Filing Fee   |   |

# 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.

| STERLING SPO                              | OON CULINARY MANAGEMENT CO   | D.  |
|---|--|---|
| (Enter name of co                         | orporation; must include "INCORPORA orp," "Inc," "Co," or "Corp.")   | TED," "COMPANY," "CORPORATION,"   |
| (If name unavaila                         | ible in Florida, enter alternate corporate   | name adopted for the purpose of transacting business in Florida)  |
| Georgia                                   | •  | 59-73UJU55  |
| (State or country 8/12/1997               | y under the law of which it is incorporate   | d) (FEI number, if applicable) 5.   |
| (Date                                     | of incorporation)  | (Date of duration, if other than perpetual)   |
| 7   | (SEE SECTIONS 607.1501 & Dunwoody Road, Suite 465, Atlanta, GA   | rincipal office address)  Lane Tampa FL 33625  mailing address, if different)   |
| 8. Name and stree                         | t address of Florida registered agent CORPORATION SERVICE COMPA  | 1   |
| Office Address:                           | TALLAHASSEE  | 32301   |
|   | (City)   | , Florida(Zip code)   |
| designated in this<br>further agree to co | ed as registered agent and to accep<br>application, I hereby accept the ap<br>comply with the provisions of all stat | t service of process for the above stated corporation at the place paintment as registered agent and agree to act in this capacity. Lutes relative to the proper and complete performance of my ons of my position as registered agent. |
| _   | Regame   | Roxanne Turner Asst. Vice President   |
|   | (Regis   | tered 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 John C. Metz, Jr. Chairman: unwordy Rd Ste 465 THOMAS H DIGIORGIO, Jr. Vice Chairman: hamblee Dunnoody Rd Str 465 Director: \_ Address: \_\_\_\_ John C. Metz, Sr. Director: Woodland 18612 1 Sallac **B. OFFICERS** John C. Metz, Jr. President: Dunwoody Rd Address: 4476 THOMAS H DIGIORGIO, Jr. Vice President: Dynwoody Kd Ste THOMAS H DIGIORGIO, Jr. Secretary; Dinnbody Rd Treasurer: Address: \_\_\_\_\_ NOTE: Af necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officed 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. John C. Metz, Jr.

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

Control Number: K729099

### STATE OF GEORGIA

## Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### STERLING SPOON CULINARY MANAGEMENT CO.

a Domestic Profit Corporation

was formed in the jurisdiction stated below of was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 17368942 Date Inc/Auth/Filed: 08/12/1997 Jurisdiction : Georgia Print Date : 06/05/2019

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State