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(Re	equestor's Name)	
(A	ddress)	<u> </u>
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Be	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	<u> </u>

Office Use Only



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DEC 16 2019 M. SOLOMON

COVER LETTER

TO:	Registration Section Division of Corporations						
		Y PORK PRODUC	rs, inc	•			
SUB	JECT:	Jama of corporation	muet	include suffix			
	1	value of corporation	i - musi	metade sarrix			
Dear 5	Sir or Madam:						
"Certi	ificate of Existence," or "Cert	ificate of Good Sta	nding":	and check are sub			
	e return all correspondence co fer Cornejo	ncerning this matte	r to the	following:			
		orations D QUALITY PORK PRODUCTS, INC. Name of corporation - must include suffix on by Foreign Corporation for Authorization to Transact Business in Florida," or "Certificate of Good Standing" and check are submitted to register the corporation to transact business in Florida. Ondence concerning this matter to the following: Name of Person Firm/Company Address City/State and Zip code E-mail address: (to be used for future annual report notification) oncerning this matter, please call: 877					
MyUS	SACorporation.com						
1 Rad	lisson Plaza, Suite 800	Firm/Con	npany				
New F	Rochelle, NY, 10801	Addr	ess				
info@	myusacorporation.com	City/State a	ind Zip	code			
	E-mail a	ddress: (to be used	for futu	re annual report i	notification)		
For fu	orther information concerning	this matter, please	call:				
Jennif	fer Cornejo						
	Name of Person				hone Number		
	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301			Registration S Division of Co P.O. Box 632	ection orporations 7		
Enclo	sed is a check for the followir	ig amount:					
□ \$7					Certificate of Status &		

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.

COMARCO QUALITY PORK PRODUCTS, INC.

[Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"

New Jersey	_		
	7		
(State or country und 04/04/1978	er the law of which it is incorporated) 3.	(FEI number, if applicable)	
	5		
(Date of inc	corporation)	(Date of duration, if other than perp	etual)
	(Principal C	office address)	
	(Current mailing a	ddress, if different)	
Name:	Iress of Florida registered agent: (P.O. ECORP SERVICES, INC.	Box <u>NOT</u> acceptable)	
ffice Address:		_	Ð <u>.</u>
	ahatchee	33470 , Florida	3 *

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.

THOMAS HOVERSEN

A. DIRECTORS

Chairman:

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

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

COMARCO QUALITY PORK PRODUCTS, INC.

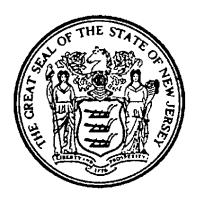
0100060022

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on April 04, 1978.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

THOMAS HOVERSEN 3 ROLLING ROAD STRATFORD, NJ 08084-0000



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 18th day of November, 2019

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6102505481

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp