F2000004395

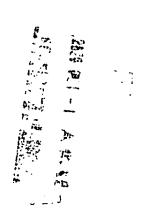
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





700353009317

10/01/20--01004--005 **78.75



COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	De miner Manta Ca			
SUBJECT.		of corporation	- must include suffix	
Dear Sir or N	Aadam:			
"Certificate of	1 "Application by Foreign Co of Existence," or "Certificate need foreign corporation to t	e of Good Stand	ling" and check are subm	
Please return	all correspondence concern	ing this matter	to the following:	
Thomas Zeigl	er			
		Name of P	Person	
AlvaradoSmit	h			
		Firm/Comp	pany	
MacArthur	Place, Suite 200			
		Addre	ss	
Santa Ana, Ca	A 92707			
		City/State an	d Zip code	-
lpantoja@prei	mium-meats.com			
	E-mail addres	s: (to be used fo	or future annual report no	tification)
For further is	nformation concerning this n	natter, please ca	ill:	
Thomas Zeigl	er	714 at (852-6800	
Nan	ne of Person	Area Code	Daytime Telepho	one Number
Regi Divi: The 2415	SEET/COURIER ADDRES stration Section sion of Corporations Centre of Tallahassee S.N. Monroe Street, Suite 81 shassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
	t check for the following am heck payable to: FLORIDA D ling Fee \$78.75 Filit Certificate	DEPARTMENT ng Fee &	OF STATE \$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.

(If name unavai	lable in Florida, enter alternate corporati	e name adopted for the purpose	of transacting business in Florida)
Delaware	·	3. 82-1663431	-
(State or count	ry under the law of which it is incorpora	ited) (FEI:	number, if applicable)
April 26, 2017		5	
(Date	e of incorporation)	5(Date of durate	tion, if other than perpetual)
	(Date first transacted bus (SEE SECTIONS 607.1501 &	siness in Florida, if prior to regi 607.1502, F.S., to determine p	
2928 NW 72nd A	Ave., Miami, Florida 33122		
	(Princi	pal office <u>street</u> address)	
100 Spectrum C	enter Drive, Suite 1260, Irvine, CA 926	18	
	(Curren	t mailing address, if different)	
	(-11411	i maning address, it different)	
	(maning address, it disterent)	
Name and stre	et address of Florida registered agen	-	ole)
Name and stre		-	ole) F.s. tur
Name:	et address of Florida registered agen	-	ole)
Name:	et address of Florida registered agent Paracorp Incorporated 155 Office Plaza Drive, 1st Flr.	t: (P.O. Box <u>NOT</u> acceptab	
Name:	et address of Florida registered agent Paracorp Incorporated 155 Office Plaza Drive, 1st Flr. Tallahassee	t: (P.O. Box <u>NOT</u> acceptab	
Name:	et address of Florida registered agent Paracorp Incorporated 155 Office Plaza Drive, 1st Flr.	t: (P.O. Box <u>NOT</u> acceptab	code)
Name: ffice Address: Registered ag	et address of Florida registered agent Paracorp Incorporated 155 Office Plaza Drive, 1st Fir. Tallahassee (City) ent's acceptance:	t: (P.O. Box <u>NOT</u> acceptab , Florida 32301 (Zip o	code)
Name: fice Address; Registered agaving been nan	et address of Florida registered agent Paracorp Incorporated 155 Office Plaza Drive, 1st Flr. Tallahassee (City) ent's acceptance: ned as registered agent and to accep	t: (P.O. Box <u>NOT</u> acceptable), Florida 32301 (Zip of the expression of the expressi	code)
Name: fice Address: Registered agaving been nansignated in this	et address of Florida registered agent Paracorp Incorporated 155 Office Plaza Drive, 1st Flr. Tallahassee (City) ent's acceptance: and as registered agent and to accept application, I hereby accept the application.	t: (P.O. Box <u>NOT</u> acceptable), Florida 32301 (Zip of the expointment as registered age	above stated corporation at the plant and agree to act in this capaci
Name: ffice Address: Registered agaving been nan signated in this orther agree to contact.	et address of Florida registered agent Paracorp Incorporated 155 Office Plaza Drive, 1st Flr. Tallahassee (City) ent's acceptance: ned as registered agent and to accep	t: (P.O. Box <u>NOT</u> acceptable) , Florida 32301 (Zip of the depointment as registered age tutes relative to the proper of	above stated corporation at the plant and agree to act in this capacitand complete performance of my
Name: ffice Address: Registered ag aving been nan asignated in this orther agree to c	et address of Florida registered agent Paracorp Incorporated 155 Office Plaza Drive, 1st Flr. Tallahassee (City) ent's acceptance: and as registered agent and to accept application, I hereby accept the appropriate the provisions of all states.	t: (P.O. Box <u>NOT</u> acceptable) , Florida 32301 (Zip of the depointment as registered age tutes relative to the proper of	above stated corporation at the plant and agree to act in this capacitand complete performance of my
Name: office Address: Registered ag faving been nan esignated in this arther agree to c	Paracorp Incorporated 155 Office Plaza Drive, 1st Flr. Tallahassee (City) ent's acceptance: red as registered agent and to accept application, I hereby accept the appropriate of the appropriate of the appropriate of the accept the above with and accept the obligations of	t: (P.O. Box <u>NOT</u> acceptable) , Florida 32301 (Zip of the depointment as registered age tutes relative to the proper of	above stated corporation at the plant and agree to act in this capacitand complete performance of my

^{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.

A. DIRECTORS			
□ Chairman	Name:	Chairman	Marco Medina Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	100 Spectrum Center Drive, Sutie 1260	Director	100 Spectrum Center Drive, Suite 1260
President	Irvine, CA 32301	□President	Irvine, CA 32301
□Vice President		□ Vice President	
Secretary	Treasurer	☐ Secretary	☐ Treasurer
Other	Other	Other	Other
□ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□ Director		□Director	
□President		□President	
□Vice President		□ Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	Other
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□ Director	
□President		□President	
□Vice President		□ Vice President	
☐ Secretary	Treasurer	Secretary	□Treasurer
□Other	Other	□Other	Other
individuals may be	Use an attachment to report more than six/(6). The attachment to report more than six/(6). The attachment to the index when filing your Florida Department	chment will be image	d for reporting purposes only. Non-indexed eport form.
	Signature of Dilector o	r Officer	
The officer or direction is aware that fas. 817.155, F.S.	ctor signing this document (and who is listed in numberalse information submitted in a document to the Depart	r 11 above) affirms the ment of State constitu	nat the facts stated herein are true and that he or often a third degree felony as provided for in
13. Luis Pantoja	ı, President		

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PREMIUM MEATS CO." 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 TWENTY-THIRD DAY OF SEPTEMBER, A.D.

2020.

Authentication: 203713107

Date: 09-23-20



State of Belaware

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903

9830537 ALVARADO SMITH 1 MACARTHUR PLACE SUITE 200 SANTA ANA, CA 92707

09-23-2020

ATTN: GIANNA STOVER

DESCRIPTION		AMOUNT
5392893 - PREMIUM MEATS CO.		
Entity Status - Short Form		
	Certification Fee	\$50.00
	Expedite Fee, Same Day	\$50.00
	TOTAL CHARGES	\$100.00
	TOTAL PAYMENTS	\$100.00
	BALANCE	\$0.00