F210000000472

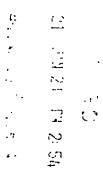
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

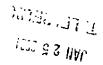




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01/21/21--01018--028 **70.60





COVER LETTER

	* ·			' '	. 2.
TO:	Registration Section Division of Corporations				
SUBJI	ECT: CUTTING EDGE FOODS OF	ILLINOIS	, INC.		
	Name of	Corporati	on - mus	st include suffix	
Dear Si	r or Madam:				
"Certifi	closed "Application by Foreign Corlicate of Existence," or "Certificate of eferenced foreign corporation to tra	of Good St	landing"	and check are sub-	
Please	return all correspondence concernin	g this mat	ter to the	e following:	
IRA R.	SHAPIRO				
		Name	of Persor	n	
IRA R.	SHAPIRO P.A.				
		Firm/C	ompany		
16375	NE 18 AVENUE. SUITE 225				
		Ad	dress		
NORTE	H MIAMI BEACH, FL 33162				
		City/State	e and Zij	o code	
sbd@ac	erservicesinc.com				
	E-mail address:	(to be use	d for fut	ure annual report n	otification)
For fur	ther information concerning this ma	itter, pleas	e call:		
IRA R.	SHAPIRO	305 at (94	4-3936	
	Name of Person	Area C		Daytime Telepl	none Number
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	:		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Please 1	ed is a check for the following amore make check payable to: FLORIDA DE .00 Filing Fee	PARTME ; Fee &	□ \$78.	TATE .75 Filing Fee & tified Copy	\$87.50 Filing Fee, 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.

LINOIS		me adopa	ed for the purpose of transac	cting busine	ess in Florid	da)	
		3. <u>36-4</u>	162081				
	stry under the law of which it is incorporated)	(FEI number, if	applicable)		
JNE 10, 199	7	5					
(Date of incorporation)			5. (Date of duration, if other than perpetual)				
	(Date first transacted busines (SEE SECTIONS 607.1501 & 60'	s in Flori 7.1502, F.	da, if prior to registration) S., to determine penalty list	nility)			
3 HOLLYW	OOD BOULEVARD, HOLLYWOOD, FL		on, to determine potatity that	inty)			
	(Principal						
	•		- 				
me and stre	et address of Florida registered agent: (I	P.O. Box	NOT acceptable)	₩	221		
Mama	IRA R. SHAPIRO			11.5			
Name:	IRA R. SHAPIRO 16375 NE 18 AVENUE, SUITE 225				KW.		
	16375 NE 18 AVENUE, SUITE 225		Florida 33162		JAN 21	· ·	
Name: Address:	16375 NE 18 AVENUE, SUITE 225	•	Florida 33162 (Zip code)	property of the state of the st	JAN 21 P3		
Address:	16375 NE 18 AVENUE, SUITE 225 NORTH MIAMI BEACH (City)	·	Florida	The state of the s	:34 :29	i L	
Address:	16375 NE 18 AVENUE, SUITE 225 NORTH MIAMI BEACH (City) ent's acceptance:		(Zip code)		22.5	**-	
Address: istered ag	16375 NE 18 AVENUE, SUITE 225 NORTH MIAMI BEACH (City)	vice of p	(Zip code)	ed corpora	::- ?: !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	- n	

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to bepartment of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction: the law of which it is incorporated.

A. DIRECTORS	•		
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address: 2743 HOLLYWOOD BLVD	□Vice Chairman	Address:
☐ Director	HOLLYWOOD, FL 33020	Director	
President		□President	
■ Vice President		□ Vice President	
E Secretary	Treasurer	☐ Secretary	□Treasurer
□Other	□ Other	□Other	[] Other
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	_	Address:
☐ Director		☐ Director	
□President _		□President	
□Vice President		□Vice President	
☐ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer
Other	□ Other	□0th a	Other
□Chairman N	Name:	∏Chairman N	t
	address:		Vame:
7Director		Director	Address:
President		□ President	
Vice President		□Vice President	
Secretary	☐Treasurer	☐ Secretary	□ Treasurer
Other	Other	□Other	
aviduais may be auc	an attachment to report more than six (6). The alled to the index when filing your Florida Depart	tment of State Annual Repor	W reporting numbers only New index
s aware may raize i	signing this document (and who is listed in num information submitted in a document to the Dep	iber 11 shove) affirms that the	he facts stated herein are true and that he or a third degree felony as provided for in
.155, F.S. BHLOMOH BEN			- · ·
			

File Number

5945-433-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

CUTTING EDGE FOODS OF ILLINOIS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 10, 1997, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of JANUARY A.D. 2021.

athentication #: 2101203418 verifiable until 01/12/2022 Authenticate at: http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE