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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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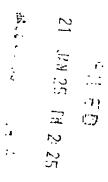
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SUBJEC'	T:			SAFE	FOOD CO	ORPO	RATI(N			
			Na	me of c	orporatio	n - m	ust inc	lude su	Tix		-
Dear Sir or	r Madam:										
"Certificate above refer Please retu YIGIT ISIK	renced for arn all corr	eign corp	oration	to trans	act busin	ess in	Florid	ia.			-
	-	•			Name of	Pers	on				
SAFE FOO	D CORPO	RATION				_					
			<u>.</u>		Firm/Cor	npan	y				
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January 23, 2021

YIGIT ISIKER 29130 BAY HOLLOW DR UNIT 3305 WESLEY CHAPEL, FL 33543

SUBJECT: SAFE FOOD CORPORATION

Ref. Number: W21000006557

We have received your document for SAFE FOOD CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 721A00001562

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

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.

SAFE FOOD CO			<u> </u>						
(Enter name of co	rporation; must include "INCORPORATED, rp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATIO	",ИС						
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacti	ing business	in Florida)					
DELAWARE		68-0540686							
State or country	under the law of which it is incorporated)	(FEI number, if a	(FEI number, if applicable)						
11/25/2002									
(Date	of incorporation)	(Date of duration, if other	r than perpe	tual)					
JANUARY 1, 20	021								
'·	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liab	ility)						
, 29130 BAY HOL	LOW DRIVE, UNIT 3305, WESLEY CHAP	PEL, FL 33543							
·	(Principal off	ice street address)							
 Name and <u>street</u> Name: 	current main of address of Florida registered agent: (P.) YIGIT ISIKER	ng address, if different) O. Box <u>NOT</u> acceptable)							
Office Address:	29130 BAY HOLLOW DRIVE, UNIT 330	05							
office Address.	WESLEY CHAPEL, FL	, Florida 33543 (Zip code)	ا فين جاء د ا	21 JAN 25					
	(City)	(Zip code)	;						
Having been nam designated in this further agree to c	ent's acceptance: led as registered agent and to accept serv application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my p	ment as registered agent and ag relative to the proper and comp	ree to act :	inon ai ine piace in th <u>is</u> capacity.					
_	(Registered agent's	signature)	delivery of	This application					

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS YIGIT ISIKER Name: _____ □ Chairman □Chairman Name: □Vice Chairman Address: ☐ Vice Chairman Address: ___ 29130 BAY HOLLOW DR, UNIT 3305 □ Director □ Director WESLEY CHAPEL, FL 33543 □ President President □Vice President □Vice President ____ Treasurer □ Secretary □Treasurer □ Secretary □Other _____ □ Other _____ □Other _____ □Other _____ Name: _____ Name: _____ □ Chairman □ Chairman □Vice Chairman Address: ______ UVice Chairman Address: ______ □Director Director President ☐ President ☐Vice President □Vice President _____ □ Treasurer □ Secretary ☐ Secretary Treasurer □Other _____ ☐ Other _____ □Other _____ ☐ Other _____ Name: _____ ☐ Chairman Name: _____ ☐ Chairman Address: _____ □Vice Chairman □Vice Chairman Address: ______ □ Director Director □ President President ☐ Vice President □Vice President ___ ☐ Treasurer ☐ Secretary Treasurer □ Secretary Other ____ □Other _____ □Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Gignature 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. YIGIT ISIKER, PRESIDENT

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

DELAWARE, DO HEREBY CERTIFY "SAFE FOOD CORPORATION" 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-FIRST DAY OF DECEMBER, A.D.

2020.

Authentication: 204374978

Date: 12-21-20

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