

# F22000001428

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(Requestor's Name)

\_\_\_\_\_  
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\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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# PORZIO

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DANIEL S. MAKOSKI  
MEMBER, NJ, NY AND FL BARS  
DIRECT DIAL NO.: 973-889-4047  
E-MAIL ADDRESS: DSMAKOSKI@PBNLAW.COM

February 2, 2022

VIA FEDERAL EXPRESS # 7759 3582 5815

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

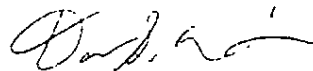
Re: Ferraro Foods, Inc., a Nevada Corporation

Dear Sir/Madam:

The enclosed "Application by Foreign Corporation For Authorization to Transact Business in Florida," and "Certificate of Good Standing," and check in the amount of \$70.00 payable to the Florida Department of State, are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to my attention.

Very truly yours,



Daniel S. Makoski

DSM:/dsm  
Enclosures

ATTORNEYS AT LAW

100 SOUTHGATE PARKWAY • POST OFFICE BOX 1997 • MORRISTOWN, NJ 07962-1997  
TELEPHONE (973) 538-4006 • FAX (973) 538-5146 • WWW.PBNLAW.COM

**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*

1. FERRARO FOODS, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NEVADA 3. 73-1712502  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 9, 2004 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)
6. No business conducted yet  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 16901 Collins Avenue, Apt. 2304, Sunny Isles Beach, Florida 33160  
(Principal office street address)
- (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael Giammarino

Office Address: 16901 Collins Avenue, Apt. 2304

Sunny Isles Beach, Florida 33160  
(City) (Zip code)

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.*

/s/ Michael Giammarino

(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.

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

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SECRETARY OF STATE

**A. DIRECTORS**

☐ Chairman Name: Michael Giammarino  
☐ Vice Chairman Address: 16901 Collins Avenue  
☒ Director Apt. 2304  
☒ President Sunny Isles Beach, Florida 33160  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ 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.

12. /s/ Michael Giammarino  
Signature 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.

13. /s/ Michael Giammarino  
(Typed or printed name and capacity of person signing application)

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **FERRARO FOODS, INC.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/09/2004, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/01/2022.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B202202012356633

You may verify this certificate  
online at <http://www.nvsos.gov>

March 10, 2022

**Via Email Only**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

Attn: Stanton H. Roberts  
Em: Stanton.Roberts@DOS.MyFlorida.com

Re: Ferraro Foods, Inc., a Florida for Profit Corporation  
Document Number: P22000000181

Dear Mr. Roberts:

This letter will confirm that I am the authorized representative of the Florida for Profit Corporation: Ferraro Foods, Inc. (the "Company"). I filed for a voluntary dissolution of the Company on January 6, 2022 and waive any rights I may have to file for a revocation of such voluntary dissolution. Further, to the extent necessary I release the name of Ferraro Foods Inc., to the public.

Very truly yours,

/s/ Michael Giammarino

Michael Giammarino