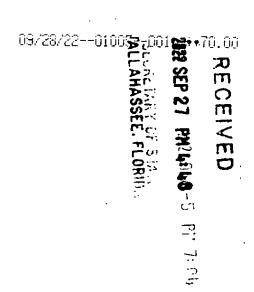
# F 22000006177

Office Use Only



400394489374



S. FRANKLIN

Corrected



September 28, 2022

CORPORATE ACCESS, INC.

SUBJECT: PROTEA FOODS, INC. Ref. Number: W22000123310

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The names of the officer and directors and cut off.,

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 722A00021642



### **CORPORATE** ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

#### XX/AT YZ TNI

	WALKIN						
	PICK	UP:	9/27	DANNY			
XX	CERTIFIED COPY PHOTOCOPY					 	
XX	CUS FILING	INC				 	
1.	PROTEA FOODS, INC. (CORPORATE NAME AND DOCUME	ENT #)				 	
2.	(CORPORATE NAME AND DOCUME	ENT #)					
3.	(CORPORATE NAME AND DOCUME	ENT #)			<del></del> ,	 	<del></del> -
<b>4.</b>	(CORPORATE NAME AND DOCUME	ENT #)			-		
5. 6.	(CORPORATE NAME AND DOCUME	ENT#)					
SPECIAI	(CORPORATE NAME AND DOCUME L CTIONS:	NT #)					,
II IO I RO						 	

#### **COVER LETTER**

	stration Section sion of Corporations			
SUBJECT:	Destas Vauda Jea			
SUBJECT.		corporation -	- must include suffix	
Dear Sir or M	1adam:			
"Certificate of	"Application by Foreign Corp of Existence," or "Certificate of need foreign corporation to tran	f Good Stand	ing" and check are submitted	
Please return	all correspondence concerning	g this matter t	to the following:	
Kevin A. Dent	ti, Esquire			2
<del></del>		Name of P	erson	2
Kevin A. Dent	ti, P.A.			2/22 027
		Firm/Comp	pany	15
2180 Immokal	lee Road - Suite #316			- O1
		Addres	SS	
Naples, Florid	a 34110			
		City/State an	d Zip code	
kdenti@dentil	aw.com			
	E-mail address: (	to be used fo	r future annual report notifica	ition)
For further in	formation concerning this mat	ter, please ca	H:	
Kevin A. Denti, Esquire		239	260-8111	
Nam	e of Person	Area Code	Daytime Telephone N	lumber
Regis Divis The C 2415	EET/COURIER ADDRESS: stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDRE Registration Section Division of Corporal P.O. Box 6327 Tallahassee, FL 323	ions
	check for the following amounteek payable to: FLORIDA DEP ing Fee	ARTMENT (	\$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.

	nc.	
(Enter name of all no.," "Co.," "C	corporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"
(If name unavai	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in Florida)
Texas	3	
	y under the law of which it is incorporated)	(FEI number, if applicable)
January 30, 199	6	
	of incorporation)	(Date of duration, if other than perpetual)
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
18507 Highpoint	Run Lane, Tomball, Texas 77377	
	(Principal of	ffice street address)
<del></del>	(Current mail	ing address, if different)
	(Current mail	ing address, if different)
Name and street	(Current mail	
Name and stree Name: ffice Address:	et address of Florida registered agent: (P.	
Name:	et address of Florida registered agent: (P. Kevin A. Denti, P.A. 2180 Immokalee Road - Suite #316	O. Box NOT acceptable)
Name:	et address of Florida registered agent: (P. Kevin A. Denti, P.A. 2180 Immokalee Road - Suite #316	O. Box NOT acceptable)
Name:  ffice Address:  Registered againg been nam signated in this other agree to co	Et address of Florida registered agent: (P. Kevin A. Denti, P.A.  2180 Immokalee Road - Suite #316  Naples  (City)  ent's acceptance: ed 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 personal contents.	O. Box NOT acceptable) , Florida 34110, Florida (Zip code)  vice of process for the above stated corporation at the place timent as registered agent and agree to act in this capacity. relative to the proper and complete performance of my dut osition as registered agent.
Name:  ffice Address:  Registered againg been nam signated in this other agree to co	Et address of Florida registered agent: (P. Kevin A. Denti, P.A.  2180 Immokalee Road - Suite #316  Naples  (City)  ent's acceptance: ed 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 personal contents.	O. Box NOT acceptable) , Florida \frac{34110}{(Zip code)}  vice of process for the above stated corporation at the place timent as registered agent and agree to act in this capacity. relative to the proper and complete performance of my dut osition as registered agent.

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]:

	Barry Levitas			Sharon Levita	
©Vice Chairman	Address:	☐ Vice Chairman	Address:	8507 Highpointe Run !	Lanc
Director	Tombail, Texas 77377	<b>≜</b> Director	Tomball, T	exas 77377	· · · · · · · · · · · · · · · · · · ·
President		☐ President			·
□Vice President		■ Vice President			
Secretary	☐ Treasurer	Secretary		置Treasurer	
□Other	Other	□Other	··	Other	<del></del>
⊟Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director		□Director	·		
□Prosident		□President			
□Vice President		□Vice President		· · · · · · · · · · · · · · · · · · ·	
Secretary	☐Treasurer	Secretary		☐ Treasurer	
□ Other	Other	□Other	<u> </u>	□ Other	
□Cheirman	Name:	☐ Chairman	Name:		<u> </u>
∐Vice Chairman	Address:	□Vice Chairman			m-3
□ Director		Director	- <del>-</del>		1072
President		President			<u> </u>
□ Vice President		□Vice President	<u></u>		<del></del>
Secretary	☐ Treasurer	☐ Secretary		☐ Treasurer	-p
ÚOther		Other	<u></u>	□ Other	<u> </u>
Important Notice	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	chment will be image nt of State Annual Re	d for reporting		(7)
12.	Signature of Director of			- · · · · · · · · · · · · · · · · · · ·	. —
The officer or dire she is aware that f s.817.155, F.S.	ctor signing this document (and who is listed in number also information submitted in a document to the Depart	r 11 above) affirms the ment of State constitutions	nat the facts s unes a third de	stated herein are true and egree felony as provided	that he or for in
المهامل المساوية	(Typed or printed name and capacity of perso	on signing application	1)		

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



John B. Scott Secretary of State

#### Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for PROTEA FOODS, INC. (file number 138631500), a Domestic For-Profit Corporation, was filed in this office on January 30, 1996.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 26, 2022.

7922 OCT -5 PH 7: 04



John B. Scott Secretary of State

Phone: (512) 463-5555 Prepared by: SQS-WEB Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709 TID: 10264

Dial: 7-1-1 for Relay Services Document: 1180583740003