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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

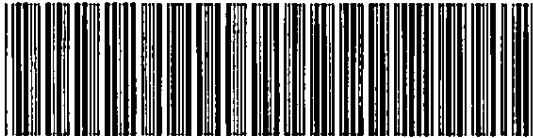
\_\_\_\_\_  
(Business Entity Name)

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

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILING OFFICE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NONNA'S KITCHEN & PANTRY INC

Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Hayley Botz

Name of Person

NCH Registered Agent

Firm/Company

4730 S Fort Apache Rd Ste 300

Address

Las Vegas, NV 89147

City/State and Zip Code

eazepisi@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TC CAMPISI

Name of Person

at ( 609 )  
Area Code

665-3408

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. **NONNA S KITCHEN & PANTRY INC**

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Nevada 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/13/2022 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2273 Curlew Road, Dunedin, FL 34698  
(Principal office street address)

(Current mailing address, if different)

8. Food pantry services  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

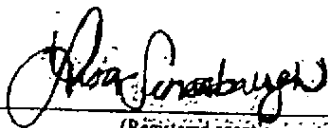
Name: NCH Registered Agent

Office Address: 390 North Orange Ave., Ste. 2300-N  
Orlando, Florida 32801  
(City) (Zip Code)

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10. **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.*



(Registered agent's signature)

11. 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.

1. For initial and subsequent purposes, the name of the organization and the person(s) who are authorized to sign the report.

A. DIRECTORS

TC CAMPISI

227A Curlew Road

Dunedin FL 33698

☒ 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

TC CAMPISI

227A Curlew Road

Dunedin FL 33698

☐ Director

☐ 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

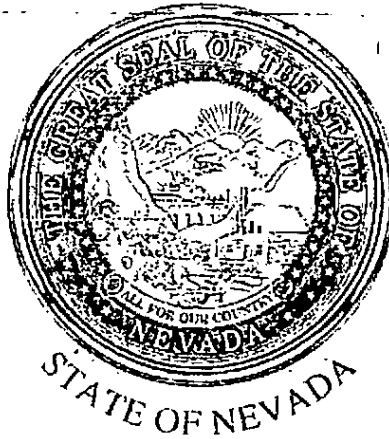
NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. TC CAMPISI

(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 standing Revised Statutes which are either presently in a status of good standing or were in good 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, **Nonnas Kitchen & Pantry**, as a DOMESTIC NONPROFIT CORPORATION (82) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 07/13/2022, and is in good standing in this state.

I further certify that the above DOMESTIC NONPROFIT CORPORATION (82) has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/20/2022.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate Number: B202210203099907

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