

2/8/23, 12:03 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H23000050966 3)))



H230000509663ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CESARINAB@FAMILYFOODDIST.COM

FOREIGN PROFIT/NONPROFIT CORPORATION
FAMILY FOOD DISTRIBUTORS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Requesting original
filing date of 2/8/23.
Thank you!

Electronic Filing Menu Corporate Filing Menu

S. FRANKLIN
FEB 15 2023
Help

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. FAMILY FOOD DISTRIBUTORS, 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. NEW JERSEY 3. 54-2101265
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/11/2003 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

6. _____
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8300 NW 93rd Street Unit 1 Medley FL 33166
 (Principal office street address)

969 Newark Turnpike Unit D, Kearny NJ 07032
 (Current mailing address, if different)

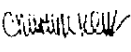
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
 Office Address: 1200 South Pine Island Road
Plantation FL 33324
 (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.

C T Corporation System

By:  Christine Kelen
 (Registered agent's signature) Assistant Secretary

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]:

A. DIRECTORS

☐ Chairman Name: Patricia Castaneda-Mendez
☐ Vice Chairman Address: 20 William Street
☐ Director Kearny NJ 07032
☒ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Andrea Castaneda
☐ Vice Chairman Address: 154 Vreeland Ave
☐ Director Nutley NJ 07110
☐ President _____
☒ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: John Rivas
☐ Vice Chairman Address: 20 William Street
☐ Director Kearny NJ 07032
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☒ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Franco Nilo
☐ Vice Chairman Address: 201 S 25th St
☒ Director Unit 410
☐ President Philadelphia, PA 19103
☐ 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. Patricia Castaneda-Mendez
 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. Patricia Castaneda-Mendez
 (Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

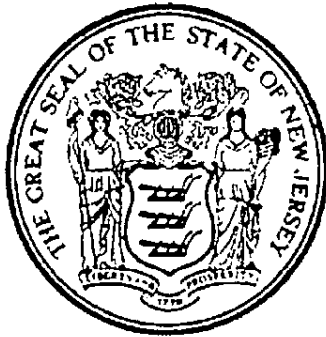
FAMILY FOOD DISTRIBUTORS, INC.
6106898004

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on February 11, 2003.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ANDREA CASTANEDA
969 NEWARK TURNPIKE
UNIT #D
KEARNY, NJ 07032



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
6th day of February, 2023*

Elizabeth Maher Muoio

Elizabeth Maher Muoio
State Treasurer

Certificate Number: 6140018051

Verify this certificate online at

https://www1.state.nj.us/TVR_StandingCert/ISP/Verify_Cert.asp

2023-02-15 09:11:57