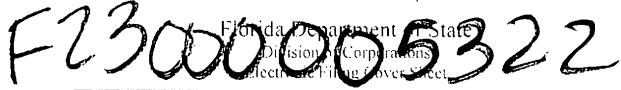
9/18/23, 2:39 PM

Division of Corporations



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Division of Corporations

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From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000862

Phone

: (323)962-8600

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

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## FOREIGN PROFIT/NONPROFIT CORPORATION TUSCANY GOURMET, INC.

Certificate of Status	0
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Page Count	05
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TO:

70

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: TUSCANY GOURMET.	INC.		
Nan	ic of corporation	- must include suffix	
Dear Sit or Madam:			
	ate of Good Stand	Authorization to Transact Business in Florida." ding" and check are submitted to register the ss in Florida.	
Please return all correspondence conce	rning this matter	to the following:	
Cheyenne Moseley			
	Name of I	crson	
Legalzoom.com, Inc.			
	Firm/Com	pany	•
101 N Bourd Blvd 11th Fl			
	Addre	58	
Glendale, CA 91203			
	City/State ar	nd Zip code	
maxordon@gmail.com			
E-mail addr	ess: (to be used for	or future annual report notification)	
For further information concerning this	s matter, please ca	all:	
Cheyenne Moseley	31 ( NOO	773-0888	
Name of Person	Area Code	) 773-0888 	
STREET/COURIER ADDRI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following a Please make check payable to: FLORIDA   S70.00 Filing Fee \$78.75 File Certificat	DEPARTMENT	OF STATE \$78.75 Filing Fee & LI \$87.50 Filing Fee, Certified Copy Certificate of Status Certified Copy	ĸ

LegalZoom.com, Inc

Τo

## 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.

l	FUSCANY GOURMET, INC.  Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION."							
(Enter name of a "Inc.," "Co.," "C	comoration; must include "INCORPORATED;" lom;" "Inc;" "Co;" or "Corp;")	"COMPANY," "CORPORATION,"						
(If name unavai	lable in Florida, enter alternate corporate name a	dopted for the purpose of transacting b	usiness in Flor	ida)				
California		X1_4900250						
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)						
4. 12/19/2016	5.	5. (Date of duration, if other than perpetual)						
	e of incorporation)	(Date of duration, if other than perpetual)						
6	(Date first transacted business in	Florida, if prior to registration)	<del></del> -					
	(SEE SECTIONS 607,1501 & 607,150	12, F.S., to determine penalty liability)						
7. T7 MONARCH	BAY PLAZA, DANA POINT, CA 92629		<del></del>					
	(Principal offic	e <u>street</u> address)						
<del></del>	(Current mailing	address, if different)		<del></del> -				
				21				
8. Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	•	923 9				
Name:	United States Corporation Agents, Inc.	<del></del>		2023 SEP	]			
Office Address:	476 Riverside Avc.	<del></del>	-:	8	•.•••			
	Jacksonville	, Florida <u>32202</u>		P	ى ئال ئىسىد			
	(City)	(Zip code)	-	PM 3: 30	ار ا			
. Registered ag	ent's acceptance;			30				
	ned as registered agent and to accept servic s application, I hereby accept the appointm							
	comply with the provisions of all statutes re							

and I am familiar with and accept the obligations of my position as registered agent.

CHEYENNE MOSELEY, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC. (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.

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## A. DIRECTORS MARCELO REY Name: □ Chairman □ Chairman Name: 17 MONARCH BAY PLAZA □ Vice Chairman Address: □Vice Chairman Address: DANA POINT, CA 92629 Director [] Director President □ President [IVice President □ Vice President ■ Secretary Treasurer 1. Secretary []Treasurer Other\_\_\_\_\_ □Other \_\_\_\_\_ Other\_\_\_\_\_ [I]Other\_\_\_\_\_ Nume: □Chairman Chairman Name: TiVice Chairman Address: \_\_\_\_\_\_ Address: Divice Chairman Director □Director □President []President □Vice President □Vice President □ Secretary ☐Treasurer **□**Secretary ☐Treasurer □Other \_\_\_\_\_ (1)Other \_\_\_\_\_ Other []Other \_\_\_\_\_\_ CChairman. □Chairman Name: \_\_\_\_\_ Name: □ Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: □ Director □ Director □President []President ∏Vice President El Vice President □Secretary []Treasurer LiSecretary **∐**Treasurer □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. 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 fellow as provided for in s.817.155, F.S. MARCELO REY, President



I. SHIRLEY N. WEBER, Ph.D., California Secretary of State, hereby certify:

Entity Name: TUSCANY GOURMET, INC.

**Entity No.:** 3972139 **Registration Date:** 12/19/2016

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 07, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 143297333

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.