## F24000003345

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
W240000 26560				

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corpor				
That Food Pla				
SUBJECT:	ace me.			
	Name of corporation	on - must include suffix		
Dear Sir or Madam:				
The enclosed "Application "Certificate of Existence," above referenced foreign c	or "Certificate of Good Sta	anding" and check are sub		
Please return all correspond Gerald Clerc	dence concerning this matt	er to the following:		
	Name o	f Person	<del>-</del>	
That Food Place Inc.				
	Firm/Co			
700 S. Rosemary Avenue, Sui		•		
	Ado	lress	· · · · · · · · · · · · · · · · · · ·	
West Palm Beach, FL 33401				
	City/State	and Zip code		
gclerc@thatfoodplace.com				
	E-mail address: (to be used	I for future annual report	notification)	
For further information con	ncerning this matter, please	calf:		
Gerald Clerc	917	415 6860		
	at (	)		
Name of Person	Area Co	de Daytime Telep	shone Number	
STREET/COURIER ADDRESS:			MAILING ADDRESS:	
Registration Section		<del>-</del>	Registration Section	
Division of Corporations The Centre of Tallahassee		Division of Corporations P.O. Box 6327		
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Tallahassee, FL 32314		
Enclosed is a check for the Please make check payable to		IT OF STATE		
_		☐ \$78.75 Filing Fee &	☐ \$87.50 Filing Fee,	
<del>-</del>	Certificate of Status	Certified Copy	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. THAT FOOD PLACE INC. 1. (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) DELAWARE 93-4740156 (FEI number, if applicable) (State or country under the law of which it is incorporated) December 4, 2023 (Date of duration, if other than perpetual) (Date of incorporation) N/A 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 700 S. ROSEMARY AVENUE, STE 204-85, WEST PALM BEACH, FL 33401 (Principal office street address) (Current mailing address, if different) 8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NO1</u> acceptable) GERALD CLERC Name: 700 S. ROSEMARY AVENUE, STE 204-85 Office Address: WEST PALM BEACH (City) 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,

(Registered agent's signature)

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

A. DIRECTORS	Gerald Clerc		Thierry Rousset
□Chairman	Name:	□Chairman	Name:
□Vice Chairman		□Vice Chairman	Galicia 11 Address:
□Director	West Palm Beach	Director	Villanueva de Canada
President	FL 33405	□President	28691 Madrid
□Vice President		□Vice President	Spain
☐ Secretary	□Treasurer	Secretary	□Treasurer
Other	 Other	Other	
□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Duryea, PA 18642  ☐ Treasurer	□Chairman  □Vice Chairman  □Director  □President  □Vice President  □Secretary  □Other	□Treasurer
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	[]Treasurer
□Other	Other	Other	Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The attact added to the index when fixing your Florida Department Signature of Director of	nt of State Annual Re	port form
The officer or direction she is aware that fas.817.155, F.S.	ctor signing this document (and who is listed in number alse information submitted in a document to the Departm	r 11 above) affirms th	at the facts stated herein are true and that he or

(Typed or printed name and capacity of person signing application)

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THAT FOOD PLACE INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THAT FOOD PLACE INC." WAS INCORPORATED ON THE FOURTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2710103 8300

SR# 20242799093

Authentication: 203650388

Date: 06-06-24

You may verify this certificate online at corp.delaware.gov/authver.shtml