TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

SUBJECT: C-Focin Life(...
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CAROL R BERCATANI
(Name of Person)

C - FOOD LIA

(Firm/Company)

17633 BICIAR CLIFF CA

(Address)

SOUTH BEND IN 44435

(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

CAROL R BERGMAN at (219) 273 - 4709.

(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE Sandra B Mortl am Secretary of State

February 14, 1995

CAROL R. BERGMAN 17633 BRIARCLIFF CT. SOUTH BEND, IN 46635

SUBJECT: C-FOOD LTD. Ref. Number: W95000003332

We have received your document for C-FOOD LTD, and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the CORPORATE SPECIALIST indicated.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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 (904) 487-6097.

Michael Mays Corporate Specialist

Letter Number: 895A00006416

# RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned <u>CARCLE PERSONAL</u>	, do hereby certify
that this Resolution of the Board of Directors of Check Ita	1, .
a corporation duly organized and existing under the laws of the State of	1 KARATA .
was duly adopted on March 11, 19 73.	***
name Officed State of INDIANA, hereby a company of the Control of Key West TNC:  Officed Line test INC:  Officed Line test INC	ा जिर्म अवobe
Dated: 3/1/95 Cacal & Ber. Signature of at least one	1 771 Constitution

## 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:

J. N.D.LA	NA	le leanneant	3. See 195 4	476
(Date of Inco	prporation)	(Dui	ation: Year corp. will coase t	o exist or "perpetual")
1/9:	5		501, 807.1502, and 817.155, F.S.J	;
				•
17633	BRIARCH	F1 (2	CIRC T	, <del>•</del> •-
50011	1 BEND IN	41.1.2	c	••
				·
	(Current mailin	o address)	<u>,</u>	: :3 :0
	(Current mailin	ig address)		
	(Current mailin	ig address)		
	(Current mailin	ig address)	Country to be carried out in	
CC IT) W (Purposo(s) of co	current mailin <u>えららくしんしょう</u> prporation authorized in	ig address) しいけんら home state or	Country to be carried out in	
(Purposo(s) of co	Current mailing	ng address)  ( SITIN (- home state or  prida regist	Country to be carried out in a	せなら( inc. )ルビ he state of Florida)
(Purposo(s) of co	reet address of Flo	home state or orida registe	COUNTY to be carried out in a sared agent:	せなら( inc. )ルビ he state of Florida)
(Purposo(s) of co	reet address of Flower dress: $\frac{EDWA}{GCS}$	home state or orida registr	COUNTY to be carried out in a sared agant:  CPAN Aller	easine bushe state of Florida)
(Purposo(s) of co	reet address of Flower dress: $\frac{EDWA}{GCS}$	home state or orida registr	COUNTY to be carried out in a sared agent:	easine bushe state of Florida)

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.

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.

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12. Ņaines	and addresses	of officers and/or directors:	
A. DIRE	CTORS		
	Chairman:	"Area V Burerone	
	Address: _	1 16 ma Marian Carlotte Car	
	<u></u>	"ect 11 (30 1/1) 11. 466 "	
	Vice Chairm	an:	
	Address:		
	Director:		
	Audross:		
	<u></u>		
	Director:		
	Address:		· ·
			171
B. OFFIC	CERS		1
	President:	CAROL R BERCMAN	•
	Address:	17633 BRIARCHEF CT	•
		SOUTH BEND IN 46635	30
	Vice Preside	nt: JOHN NEPWOOD	
	Address:	100 W 63M St. CCLAN	
		MARATHAN, FL 33050	
	Secretary: _	BERNARD A. BERCMAN MD	
	Address: _	17633 BRIAR CLIFF CT	
	_	Soum BEND, IN 46635	
	Treasurer:	SAME AS ABOVE	
	Address: _		
	-		
NOTE: If ned and/or directed	cessary, you ma	γ attach an addendum to the application listing addit	ional officers
	$\overline{}$		
13.	and t	hairman, or any officer listed in number 12 of the application)	
(Signature d	of Chairman, Vice C	hairman, or any officer listed in number 12 of the application)	

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

### STATE OF INDIANA

## OFFICE OF THE SECRETARY OF STATE

## CERTIFICATE OF EXISTENCE

To Mine There Property Chee, Creeting:

I, SUR APPUR CIAPOY, Secretary of State of Indiana, do bereby egitify that I am, by virtue of the fluor of the State of Indiana, the contoding of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

## C-FOOD, LTD.

filed Articles of Incorporation on March 10, 1993, and is a corporation duly organized and existing under anl by virtue of the laws of the State of Indiana.

I further certify this corporation has filted its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.

In Mitness Whereof, I have hereanto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twentieth day of January, 1995

SUE ANNE GILBOY, Secretary of State

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