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| U.5 E | oudsayvice of Flor | ida, Ta |
| () NonProfit () Limited Liability Compa | () Amendment ny () Dissolution/Wit | () Merger |
| () Limited Partnership () Reinstatement () Certifled Copy | () Annual Report () Reservation () Photo Copies | () Other () Change of R.A. () Fictitious Name () CU3/ G/S |
| () Call When Ready () Walk In () Mail Out | () Call if Problem () Will Wait | () After 4:30 X):Pick Up |
| Name Availability Document Examiner Updater Veriller Acknowledgment W.P. Veriller | 8/8/95 3:00 | PLEASE RETURN EXTRA COPY(S) FILE STAMPED W75-15904 |

CR2E031 (1-89)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 8, 1995

CT CORP

TALLAHASSEE, FL

SUBJECT: US FOODSERVICE OF FLORIDA, INC.

Ref. Number: W95000015906

We have received your document for US FOODSERVICE OF FLORIDA, INC. and your check(s) totaling \$770.00. However, the document has not been filed and is being retained in this office for the following:

The qualification documents and certificate of existence must be original.

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6092.

Letter Number: 895A00037100

Hart Collins Senior Corporate Section Administrator

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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:

| words or abbreviations of like import in language as w of a natural person or partnership if not so contained i | III clearly indicate that it is a corporation instead a the name at present.) |
|---|--|
| 2. <u>Delaware</u> | 3. 65 0517405 (FEI number, if applicable) |
| (State or country under the law of which it is incorpor | ated) (FEI number, if applicable) |
| 4. <u>September 8, 1994</u> 5 | Perpetual. |
| (Date of Incorporation) (Duration: You | corp. will cease to exist or "perpetual") |
| 6. <u>September 19, 1994</u> | |
| (Date first transacted business in Florida, (See section | ns 607.1501, 607.1502 and 817.156, F.S.)) |
| 7. 1160 West 13 th 5 Riveria Beach | F1. 33404 |
| 7. 1100 4000 10 10 | |
| | |
| (Current mailing address) | S 25 |
| 8. Any purpose permitted by law. | 7.07 (1) |
| (Purpose(s) of corporation authorized in home state of Florida) | country to be carried out in the state dis |
| 9. Name and street address of Florida registered ag | |
| Name: C T CORPORATION S | SYSTEM STEM ST. TO THE |
| Office Address: c/o C T Corporation 5 | ystem, 1200 South Pine Island Road |
| <u>Plantation</u> , | Florida, 33324 (Zip Code) |
| 10, Registered aggr acceptance: | |
| Having been named as registered agent and to accomporation at the place designated in this application at the place designated in this applications agent and agree to act in this capacity. It is all statutes relative to the proper and complete perform accept the obligations of my position as register | ntion. I hereby accept the appointment as further agree to comply with the provisions of firmance of my duties, and I am familiar with |
| C T CORPORATIO | N SYSTEM |
| Lonnie Bryan | - Andrews |
| (Registered agent's sign | • |
| SPECIAL ASSISTANT | SECRETARY |

(Type Name and Title of Officer)

- 11. Attached is a certificate of existence duly suthenticated, 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.
- 12. Names and addresses of officers and/or directors:

| A, | A, DIRECTORS | | |
|--------------|---|--|---|
| - | | i :hairman | Frank II. Bevevino |
| | | 1 | 065 Habuny 315 |
| | A | <u>] </u> | Gross Greek pointe Vilkes-Barre, PA. 19702 |
| | | | TIRED BULLEY |
| Vice Chairma | | /ico Chairm | an: Thomas G. McMullen |
| | A | ddrass: | Same as above. |
| | , | | |
| | | | avid F. McAnally |
| | | Piractor: | avid F. Indinazzy |
| | A | Address: | Same as above |
| | | | |
| | | •— | |
| | Oiroctor: William Smith Address: 1160 West 13th Street | | illiam Smith |
| | | | 160 West 13th Street |
| | Riveria Beach, Fl. | | |
| _ | orrioene. | | |
| ដ. | B. OFFICERS | | III 112 nm Conith |
| | F | Prosident: _ | William Smith |
| | | Address: | Same as above |
| | • | | |
| | | _ | |
| | Vice President: Thomas G. McMullen | | |
| | Address: 1065 Highway 315 Cross Creek Pointe | | |
| | | | Cross Creek Pointe Wilkes-Barre, PA. 18704 |
| | | _ | |
| | ; | Secretary: | Ann B. Cianflone |
| | ر. | ∆ddress: | 1065 Highway 315 Cross Creek Poince |
| | • | | Cross Creek Pointe Wilkes-Barre, PA. 18702 |
| | | | HTTICO DUNTAL TITLE |

Address: Robert Smith

Address: 1065 Highway 315

Cross Creek Pointe
Wilkes-Barre, PA. 19702

NOTE: If necessory, you may attach an addendum to the application listing additional officers and/or directors.

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

Thomas G. McMullen

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

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "US FOODSERVICE OF FLORIDA, 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 FOURTH DAY OF AUGUST,

A.D. 1995.

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

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

SECRETARY OF STATE OF

Edward J. Freel, Secretary of State

AUTHENTICATION:

7597935

DATE:

08-04-95