SUBJECT: FROZEN FOOD DEVEL (Name of conjunction - must include	DONEOT
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Author Florida", "Certificate of Existence", and check are submitted to foreign corporation to transact business in Florida.	rization to Transact Business in to register the above referenced
Please return all correspondence concerning this matter to the	
EDM GREGORY	1 11 मिनिया गर्वे किंद्र के कि
FROZEN FOOD DEVELOPATION	RULTHC E E E
88 WATER FORD CIRCL	그 의원
ROCHESTER (CIN/Susic/Zin) 141	लाह्य <u>२</u> १८ है. स्ट्रिस
Should you need to call someone concerning this matter, please	cail:
EDITH CRECOLY at (Name of Formon)	716 1427 - 8654

COURIER ADDRESS:

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

MAILING ADDRESS:

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

(Area Code & Daytume Telephone Number)



February 27, 1996

EDITH GREGORY FROZEN FOOD DEVELOPMENT, INC. 88 WATERFORD CIR ROCHESTER, NY 14818

SUBJECT: FROZEN FOOD DEVELOPMENT, INC. Rel. Number: W96000004439

We have received your document for FROZEN FOOD DEVELOPMENT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

A brief description of the entity's nature of business must be included in the document.

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

If you have eny questions concerning the filing of your document, please call (904) 487-6054.

Doug Dickinson Document Specialist

Letter Number: 796A00008572

1015 Angler's Cove #506 MARCO ISLAND FL 33937

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 ELORIDA.

Maria OF FOXINIZA.		
(Name of conjugation must are lude the wind INCORPORATION COMPANY CORPORATION alternation of like impant in language as will clearly indicate that it is a conjugation finited of a nation present of partnership of rick an explanationed in the name at present.)	M Wind	A (¥
2 NEW YORK (State or country under the law of which at an incorporated) (First number, if applicable)	le)	
(Date of Incorporation) (Duration: Year over) will cease to exist o	' 'perpe	tual")
O Date first transacted business in Florida (SEE NECTIONS 607 1501, 607 1502, AND 817 133, FS)		<u> </u>
7 88 WATERFORD CIRCLE	ş	53
ROCHESTER NEW YORK 14418 (Current mailing address)	75 75	
(Current maining accress) Relative (a) of corporation authorized in home state in country to be carried out in the state of Florida)	£	G.
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box acceptable) Name: CHPLI GREGORI Office Address: PO Box 14Ple	NOT	
MARCO TSI AND Florida, 33969-1496 10. Registered agent's acceptance:		
Having been named as registered agent and to accept service of process for the above sta corporation at the place designated in this application, I hereby accept the appointment a registered agent and agree to act in this capacity. I further agree to comply with the provail statutes relative to the proper and complete performance of my duties, and I am familiand accept the obligations of my position as registered agent.	led s isions ar with	of I

incorporated

Comment District

Name and assect address of therida regarderer agents

tours Gregory 1015 Magler's Const. 6706 Marco Paladol, Fr. (1941)

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Muniapement consultange in Freezes teast and seed segments considering

12. Names and addresses of officers and/or directors: (Street, address ONLY-P. O. Box, NOT acceptable) A. DINECTORS (Street address only- P. O., Box NOT acceptable) Chairman; Address Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: ____ Address: ____ Vice President: Address: ___ 14618 Secretary: Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. tice chairman, or any officer listed in number 12 of the application)

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

State of New York | ss: Department of State

I hereby certify, that the certificate of incorporation of Profen Pool DEVELOPMENT, INC. was filed on 01/06/1993, with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official scal of the Department of State at the City of Albany, this 29th day of January one thousand nine hundred and mnety-six.

slyander F. Frenchall

Secretary of State

199601300123 40

SHAN NAMES