

TO: Qualification/Tax Lien Section **Division of Corporations**

SDSP, INC. (Name of corporation - must include suffix) SUBJECT:

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:

	JOHN LLAND	410004017335344 -03/06/9601012001 +++++78.75 +++++78.75
	(Name of Person)	
	SDSP, INC.	W916-41935
	(Firm/Company)	
	P.O. Box 1830	
	(Address)	
	SAN DIEGO, CA	
	(City/State/Zip)	
		9 Charce
	need to call someone concerning this matter,	
JOHN	LLAND	at (6/9) 687-3030"
	(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 Section **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 6, 1996

JOHN LLANO SDSP, INC. P.O. BOX 1830 SAN DIEGO, CA 92112

SUBJECT: SDSP, INC. Ref. Number: W96000004935 BIVISION OF CONTORALION S5 NAR 19 AN 8: 40

We have received your document for SDSP, INC. 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 listed in number one of the application must be identical to the name listed in the certificate of existence.

A fictitious name cannot be adopted on the application for authorization. Please find enclosed a fictitious name packet for your convenience.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 996A00009885

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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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:

1	SCSP, INC. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2	CALIFORNIA (State or country under the law of which it is incorporated) 3. <u>33 0427265</u> (FEI number, if applicable)
4.	(Date of Incorporation) (Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
б. 7	NOT VET (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
1.	P.O. Box 1830 SAN DIEGO, CA 92/12 = 390 (Current mailing address)
8,	Wholesple FRUIT & VEGETABLE BROKER & DISTRIBUTOR (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) MICHAEL CORTEG Name: S.DSP, INC. DBA: SAN DIEGD Specificity PROduce MIAMIT
Of	Fice Address: 13255 S.W. 7TH CT # D-410
10	DEMBROOK PINES, Florida, 33027

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

* ordes (Registered agent's signature)

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.

A. DIREC	TORS (Sti	eet address o	only- P. O .	Box NO7	accepta	ble)		
Chairman:					•	,		
Address:	837	YUCCA	Ridye	LN -	SIN 1	MARCUS,	(4.9	2069
Vice Chairma								
Address:								
Director:		NONE						
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B. OFFICER President: Address: _75 Vice President	JoH1 B Yucca	N E LA Ridye	NO LN	NOT acco		<u>, (</u> 4		AIE AIONS
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