

TO: Qualification/Tax Lien Section Division of Corporations

SUBJECT: C & D Catorora, Inc.
(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:

James A. Pilon, Esq Mariana (Name of Person)	-05/15/3601068011 *****78.75 *****78.75
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Siesky, Pilon & Wootl (Firm/Company)	
(Print Company)	
1000 Tamiami Trail North, Suite 201	
(Address)	
Naples, FL 33940	TA'S
(City/State/Zip)	- LEC 98
	SSAR
Should you need to call someone concerning this matter, please call:	
	-8282 SEA
(Nume of Person) . at (941) 263- (Nume of Person) (Area Code & Daytim	-8282 2035 - Telephyse Number)
(Alea Code & Daydin	e rerebigate vomper)

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

- 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:

1.	C & D Catorors, 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.)			
	natural person or partnership if not so contained in the name at present.)			
2.	Now York 3. 58-2192509 (State or country under the law of which it is incorporated) (FHI number, if applicable)			
	Now York (State or country under the law of which it is incorporated) (FEI number, if applicable)			
4.	(Date of Incorporation) 5. Porportual (Duration: Year corp. will consert a relation)			
	June 28, 1995 (Date of Incorporation) 5. Perpotual (Duration: Year corp. will cease to exist or "perpetual")			
6	April 24 1006			
U.	April 24, 1996 (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)			
7.	12716 Tamiami Trail East			
	Naples, FL 33962			
	(Current mailing address)			
	LESE 98			
8.	Food Service (Purpose(s) of corporation authorized in home state or country to be carried out in the state of foridate (Purpose(s) of corporation authorized in home state or country to be carried out in the state of foridate (Purpose(s) of corporation authorized in home state or country to be carried out in the state of foridate (Purpose(s) of corporation authorized in home state or country to be carried out in the state of foridate (Purpose(s) of corporation authorized in home state or country to be carried out in the state of foridate (Purpose(s) of corporation authorized in home state or country to be carried out in the state of foridate (Purpose(s) of corporation authorized in home state or country to be carried out in the state of foridate (Purpose(s) of corporation authorized in home state or country to be carried out in the state of foridate (Purpose(s) of corporation authorized in home state or country to be carried out in the state of foridate (Purpose(s) of corporation authorized in home state or country to be carried out in the state of foridate (Purpose(s) of corporation authorized in home state or country to be carried out in the state of the purpose (Purpose(s) of corporation authorized in home state or country to be carried out in the state of the purpose (Purpose(s) of corporation authorized in home state or country to be carried out in the state of the purpose (Purpose (Purpos			
	70.44 · · ·			
9.	Name and street address of Ficrida registered agent: (P.O. Box or Mail Dree Box NOT acceptable)			
	acceptable)			
	Name: Charles Artino			
	RAIE O			
Office Address: 12716 Tamiami Trail East				
	Naples , Florida , 33962			
10	. Registered agent's acceptance: (Zip Code)			
Ha				
co	wing been named as registered agent and to accept service of process for the above stated			
	wing been named as registered agent and to accept service of process for the above stated reportation at the place designated in this application, I hereby accept the appointment as			
101	rporation at the place designated in this application, I hereby accept the appointment as			
101	TODICALION OIL THE DIGGE DESIGNATED IN this application. I haveby account the			
101	rporation at the place designated in this application, I hereby accept the appointment as gistered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am familiar with d accept the obligations of my position as registered agent.			
101	rporation at the place designated in this application, I hereby accept the appointment as gistered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am familiar with d accept the obligations of my position as registered agent.			
all an	riporation at the place designated in this application, I hereby accept the appointment as gistered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am familiar with d accept the obligations of my position as registered agent. (Registered agent's signature)			
all an	sistered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am familiar with d accept the obligations of my position as registered agent. (Registered agent's signature) Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, but he Secretary of State and I			
all an	riporation at the place designated in this application, I hereby accept the appointment as gistered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am familiar with d accept the obligations of my position as registered agent. (Registered agent's signature)			

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

	Croks (Street address only- P.O. Box NOT acceptante)		
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Vice Chai	rmun:		
		,	
			_
Director:	Denise Baccalore		
	2572 Kingsland Avonuo		
•	Bronx, Naw York 10469		
Director:	Charles Artino		
	2037 Rookery Bay Drive		_
•	Naplos, FL 33962		-
B. OFFIC	CERS (Street address only- P. O. Box NOT acceptable)	···	
President:	Denise Baccalore		
	2572 Kingsland Avenue	\$	_
	Bronx, NY 10469	E S S	_
	dent: Charles Artino	五百 五 五百 五	-~v
	2027 Bookers Bru Dylera	SSN T	
	Naples, FL 33962	7 3	T
Secretary:		RA O	Ð
	Charles Artino 2037 Rookery Bay Drive	<u> </u>	
Addiess.			_
Т	Naples, FL 33962 Denise Baccalore		
		-	_
Address:	2572 Kingsland Avenue Bronx, NY 10469		
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NOTE: I	necessary, you may attach an addendum to the application listing	g additional	
officers an	d'or directory.		
13/	W Star		
(Si	gnature of Chairman, Vice Chairman, or any officer listed in number 12 of the	application)	
14.	Charles Artino, Vice President		
· · · · · · · · · · · · · · · · · · ·	(Typed or printed name and capacity of person signing application)	·	_

State of New York Department of State

I hereby certify, that the certificate of incorporation of C & D CATERERS INC. was filed on 06/28/1995, 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.

I further certify, that no other certificates have been filed by such corporation.

Witness my hand and the official seal of the Department of State at the City of Abany, this 24th day of April one thousand nine hundred and

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Secretary of State

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