F76000005344

TO: Qualification/T Division of Co	ax Lien Section rporations			
SUBJECT: Da	lson Foods, Inc.	i de la companya de l		
50B)EC1		n - must include suffix)		
			•	
Dear Sir or Madam:				
	tion by Foreign Corporat f Existence", and check a transact business in Flori	and the second s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ess in enced
Please return all corres	pondence concerning thi	s matter to the follow	ing:	
	Martin J. Ry	an		01,989,700
	(Name	of Person)		9601107001 J.00 ******70.00
s promotogo <u>.</u>	Dalson Foods, Inc			
	P.O. Box 575	Company)		96 06 98 06 90 90 90 90 90 90 90 90 90 90 90 90 90
	(Ac Hudson, WI 54016	dress)		SECRETARY OF STATE INSIGN OF CORPORATIONS 96 OCT -9 AM II: 36
		State/Zip)		
Should you need to cal	someone concerning th	is matter, please call:		o 8
Martin J. Ryan			381-1043	
(Name of Person)		(Area Cod	e & Daytime Telephon	e 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

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:

Minnesot	a		3.	41-1333429	
tate or country ur	ider the law of	which it is incorpora	ated)	(PEI number, if	applicable)
09/06/78				Perpetual	
(Date of I	corporation)		_ 5.	(Du tion: Year corp. "perpetual")	will cease to exist or
. 09	/03/96				
(Date first trans	acted business	in Florida. (SEE SEC	TIONS 60)7.1501, 607.1502, AND	817.155, F.S.)
	1	P.O. Box 575			8
		1. 12.5			- 1
		Hudson, WI 54			.
		(Current m	ailing ad	dress)	
Wholesa					
Purpose(s) of cor nme and stree		rized in home state o		y to be carried out in the nt: (P.O. Box or M	
Purpose(s) of corp me and street ceptable)	poration autho	rized in home state of Florida register	ed age	nt: (P.O. Box or M	
Purpose(s) of con ame and street ceptable) Name	poration author address of c: CT Co	rized in home state of Florida register	ed age	nt: (P.O. Box or M	
Purpose(s) of con ame and street ceptable) Name	poration author address of c: CT Co	rized in home state of Florida register	ed age	nt: (P.O. Box or M	
Purpose(s) of con ame and street ceptable) Name	poration author t address of e: CT Co: e Address:	rized in home state of Florida register reportation Syst	ed age	nt: (P.O. Box or M	ail Drop Box <u>NO</u>
Purpose(s) of con nme and street ceptable) Name	poration author address of c: CT Cor c Address:	Florida register rporation Syst 1200 Pine Is Plantation	ed age	nt: (P.O. Box or M	ail Drop Box <u>NO</u>
Purpose(s) of con ame and street ceptable) Name Office	e: <u>CT Co</u> e Address:	Florida register rporation Syst 1200 Pine Is Plantation	em	nt: (P.O. Box or M	ail Drop Box <u>NO</u> 33324 (Zip Code)
Purpose(s) of continue and street ceptable) Name Office egistered ageing been named ration at the cered agent and stutes relative	e: CT Co: e: CT Co: e: Address: nt's accepta l as registe place designation the proper	Florida register Florida register reportation Syst 1200 Pine Is Plantation ince: red agent and to grated in this constitution and the constitution are to the constitution and the constitution are the constitution	em land R o accepplicate o I fur	nt: (P.O. Box or M d. , Florida, ot service of procesion, 1 hereby accesther agree to complete	ail Drop Box NO 33324 (Zip Code) ss for the above of the appointm

incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY-P.O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Chairman: Address: ____ Vice Chairman: None Address: Director: None Address: _ None Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) Martin J. Ryan 644 Brakke Dr. <u>Hudson</u>, WI Vice President: None Address: Secretary: Martin J. Ryan 644 Brakke Dr. Hudson, WI 54016 Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Martin J. Ryan - President
(Typed or printed name and capacity of person signing application)

state of Minnesota

SECRETARY OF STATE

SECRETARY OF SMIE DIVISION OF COMPORATIONS
96 OCT -9 MIN: 36

Certificate of Good Standing

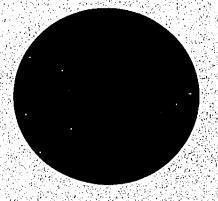
I, Joan Anderson Growe, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Dalson Foods, Inc.

Date Formed: 09/06/1978

Chapter Governed By: 302A

This certificate has been issued on 08/27/96.



Secretary of State.