

F99000004/72

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: SCARA'S GOURMET ITALIAN ICES 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:

400002953014--0
-08/06/99-01078-015
*****70.00 *****70.00

DOUG SCARAMUZZO

(Name of Person)

SCARA'S GOURMET ITALIAN ICES INC.

(Firm/Company)

3004 CAMPUS DRIVE

(Address)

MORGANVILLE,

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

DOUG SCARAMUZZO

(Name of Person)

at (561) 482-1316

(Area Code & Daytime Telephone Number)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 AUG -6 PM 2:45

STREET ADDRESS:

Qualification/Tax Lien Section
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

[AL]

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. SCARA'S GOURMET ITALIAN ICES 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. DELAWARE
(State or country under the law of which it is incorporated)
3. 22-3653763
(FEI number, if applicable)
4. APRIL 14, 1999
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. AUG. 4, 1999
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 300H CAMPUS DRIVE MORGANVILLE, NEW JERSEY 07751
(Current mailing address)
8. ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS MAY BE ORGANIZED UNDER G.C. LAW OF DELAWARE
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: DOUG SCARAMUZZO
Office Address: 5764 WILES RD.
CORAL SPRINGS, Florida, 33067
(Zip code)
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.

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

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: JAMES SCARAMUZZO

Address: 161 Tulip Ln
FREEHOLD NJ 07728

Vice Chairman: DOUGLAS SCARAMUZZO

Address: 501 Oak Ave.
S. I. N. Y. 10306

Director: JAMES LOURES

Address: 9 Eagle Nest Rd.
COLTS NECK, N. J. 07722

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: JAMES SCARAMUZZO

Address: 161 Tulip Ln.
FREEHOLD, N. J. 07728

Vice President: DOUGLAS SCARAMUZZO

Address: 501 Oak Ave.
S. I. N. Y. 10306

Secretary: JAMES LOURES

Address: 9 Eagle Nest Rd.
COLTS NECK, N. J. 07722

Treasurer: _____

Address: _____

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

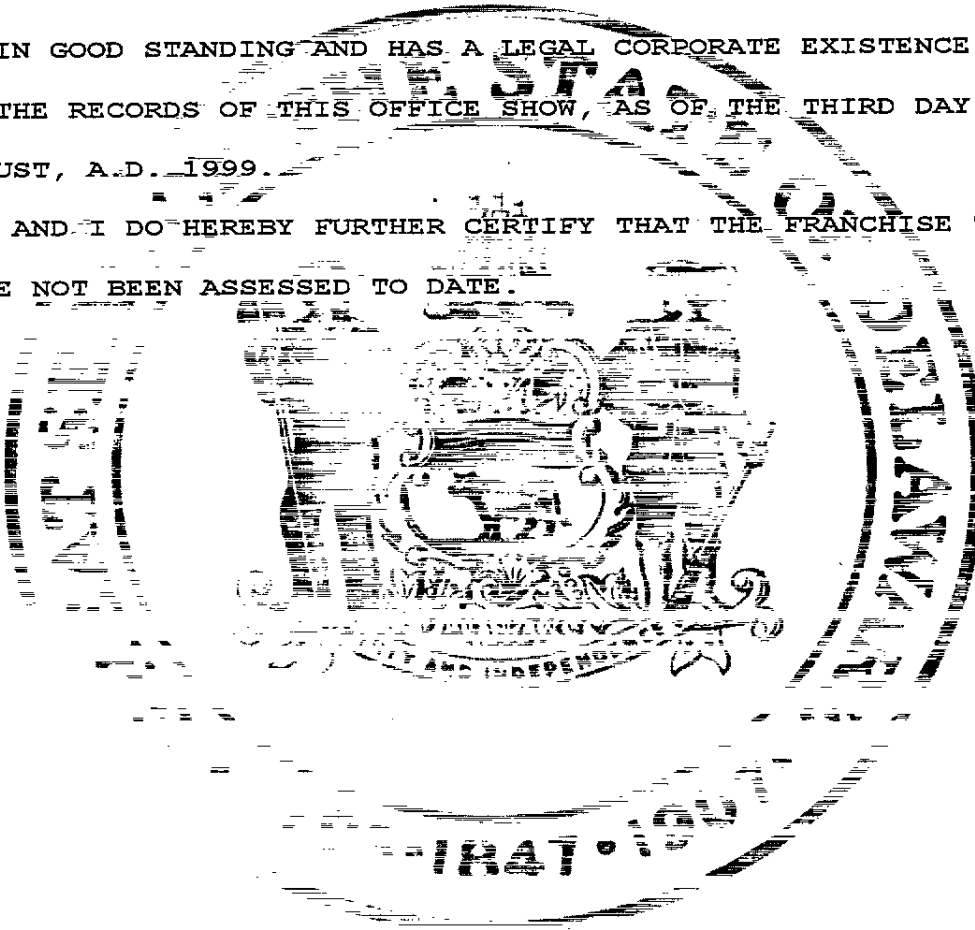
13. Doug Scaramuzzo
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DOUG SCARAMUZZO, VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCARA'S GOURMET ITALIAN ICES 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 THIRD DAY OF AUGUST, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 AUG -6 PM 2:45



Edward J. Freel

Edward J. Freel, Secretary of State

3029962 8300

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AUTHENTICATION:

9900090

DATE:

08-03-99