

L 02000003364

TO: Registration Section
Division of Corporations

SUBJECT: Campi's Pizza Inc.
(Name of corporation - must include suffix)

800004890078--3
-02/07/02--01038--002
*****87.50 *****87.50

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:

Samuel D. Campese
(Name of Person)
Campi's Pizza Inc.
(Firm/Company)
469 Madeira St.
(Address)
Port Charlotte FL 33953
(City/State and Zip code)

For further information concerning this matter, please call:

Sam Campese at (941) 268-3912
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB - 7 AM 9:04

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

44

**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. Campi's Pizza 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 3. 52-2251708
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/21/2000 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida) If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 921 S 6th Ave. W. Newton, IA 50208
(Principal office address)
469 Maderia St. Port Charlotte FL 33953
(Current mailing address)
8. Concession's, Fast Foods
(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: Samuel Campese
Office Address: 469 Madeira St.
Port Charlotte, Florida 33953
(City) (Zip code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB - 7 AM 9:04

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.

Samuel J. Campese
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB -7 AM 9:04

B. OFFICERS

President: Samuel D. Campese

Address: 469 Madeira St.

Port Charlotte, FL 33953

Vice President: Michael W Campese

Address: 533 Swan St.

Dunkirk, NY 14048

Secretary: John Campese

Address: 921 S 6th Av. W Newton IA 50208

Treasurer: (president)

Address: _____

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

13. Sam Oluyed Pres.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Samuel D. Campese President
(Typed or printed name and capacity of person signing application)

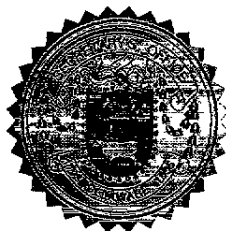
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAMPI'S PIZZA 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 TWENTY-NINTH DAY OF JANUARY, A.D. 2002.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB - 7 AM 9:04



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3248562 8300

AUTHENTICATION: 1583996

020056411

DATE: 01-29-02