LECOCOCOLIUM

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer: CERT: WIV-85117									
VE 14. VI (0. 6 211)									
·									

Office Use Only



100292859871

12/19/16--01030--026 **130.00

FILED IN THE STATE AND THE STA

S Warren JAN 03 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2016

GREGORY DEMARAS 6341 TIDEWATER ISLAND CIRCLE FORT MYERS, FL 33908

SUBJECT: MOBILE FOOD GROUP, LLC

Ref. Number: W16000085117

We have received your document for MOBILE FOOD GROUP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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 (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 416A00027126

COVER LETTER

TO:	Registration Section Division of Corporations									
SUBJI										
Name of Limited Liability Company										
The en	nclosed "Application by Foreign Limited Liability Comnce, and check are submitted to register the above refe	npany for Authorization to renced foreign limited lia	o Transact Business in Florida," Certificate of ability company to transact business in Florida							
Please	return all correspondence concerning this matter to the	e following:								
	Gregory Demaras									
	1	Name of Person								
	Mobile Food Group, LLC									
	1	Firm/Company								
	6341 Tidewater Island Circle									
	Address Fort Myers FL 33908 City/State and Zip Code									
	Greg@MobileFoodGroupNJ.com									
	E-mail address: (to be used for future annual report notification)									
For fu	rther information concerning this matter, please call:									
	Gregory Demaras	917 83	37-7009							
Name of Contact Person		Area Code	Daytime Telephone Number							
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divi Reg Clif 266	REET ADDRESS: ision of Corporations gistration Section iton Building 1 Executive Center Circle lahassee, FL 32301							
Enclos	sed is a check for the following amount: \$\Boxed{1} \\$125.00 \text{ Filing Fee} \Boxed{\Boxed} \\$\$130.00 \text{ Filing Fee & Certificate of Status}\$\$	☐ \$155.00 Filing Fed Certified Copy	e & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy							

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, Mobile Food Group,LL							
(Name of Fore	eign Limited Liability Company; mu	ast inclu	de "Limited Lial	bility Company," "L.L.	.C.," or "LLC	.")	
(If name unavailable, enter al Liability Company," "L.L.C,"	Iternate name adopted for the purpos," or "LLC.")		_	s in Florida. The altern	nate name mu	st include	"Limited
2. New Jersey (USA)		3.	475506567				
company is organized)	of which foreign limited liability			(FEI number, if app	olicable)		
4. 01/05/2017	(5)	in F	iliida idaalaa ta	istatio- Y			
	(Date first transacted busin (See sections 605.0904 & 605	5.0905,	F.S. to determine	e penalty liability)			
5. 62 Arneytown Horners	stown Road				· · · · · · · · · · · · · · · · · · ·		
Cream Ridge NJ 08514	4						
	(Street Address of	Princip	al Office)			77	Maring &
6.					A K	زدي تاب	Same.
·						₩	š
	(Mailing	Addres	s)		<u></u>	U	1 2 5
	· -				STA		O .
7. Name and street address	ss of Florida registered agent: (F	P.O. Bo	x NOT accept	table)	84	Æ,	
Name:	Susan Matter			_	₽		
Office Address:	6341 Tidewater Island						pro q gradage
	Fort Myers FL			_ , Florida			
	(City)			(Zip co	ode)		
designated in this applica to complywith the provisi	egistered agent and to accept set ation, I hereby accept the appoin ions of all statutes relative to the my position as registered agent.	ntment e prope	as registered a	gent and agree to a e performance of my	ct in this cap	pacity. I	further agree
8. The name, title or capa Gregory Demaras, Owner	pacity and address of the person(s r	s) who	nas/have author	rity to manage is/are:	:		
62 Arneytown Homerstov	wn Road						
Cream Ridge NJ 08514							
jurisdiction under the law of the translator must be s	2 Signatur	re of an	ate is in a forei	gn language, a transl	ation of the	certifica	te under oath
This document is executed submitted in a document to	ed in accordance with section 605 to the Department of State constitution	.0203 (tutes a	1) (b), Florida hird degree fel	Statutes, I am aware ony as provided for i	that any fals in s.817.155.	e inform , F.S.	ation

Gregory Demaras

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

MOBILE FOOD GROUP LLC 0450027959

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 30, 2015.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

LEGALINC CORPORATION SERVICES INC. 301 ROUTE 17 NORTH SUITE 800 # 12-40 RUTHERFORD, NJ 07070



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 27th day of December, 2016

Ford M. Scudder Acting State Treasurer

Certificate Number: 6076623006

Verify this certificate online at

 $https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp$