

M19000002658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

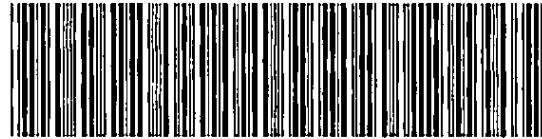
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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19 MAR 19 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAR 19 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2019

HARRY SHUFRIN
FARM RIDGE FOODS, LLC
3124 EXPRESSWAY DR. S
ISLANDIA, NY 11749

SUBJECT: FARM RIDGE FOODS, LLC
Ref. Number: W19000017231

We have received your document for FARM RIDGE FOODS, LLC and your check(s) totaling \$160.00. 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 019A00003677



3124 Expressway Drive South
Islandia, NY 11749
Phone: (631) 343-7070 / Fax: (631) 343-7073

March 18, 2019

Via fax 850-245-6030

Ms. Karen A Saly
Florida Department of State
Division of Corporations
2661 Executive center Circle
Tallahassee, Florida 32301

Re: Ref number W190000017231
Letter Number 019A00003677

Dear Ms. Saly;

Pursuant to your request we are returning within the 60 day period the registration document of FARM Ridge Foods, LLC.

Enclosed is a certificate of standing from New York State dated March 8, 2019

Please process the enclosed application as soon as possible. If you have any questions I can be reached at 203-253-2819.

Thank You

Harry Shufrin, CFO

2019 MAR 18 PM 10:50
FARM RIDGE FOODS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FARM RIDGE FOODS LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

HARRY SHUPPIN
Name of Person

FARM RIDGE FOODS LLC
Firm/Company

3124 EXPRESSWAY DR. S.
Address

ISLANDIA N.Y. 11749
City/State and Zip Code

HARRY@FARMRIDGEFOODS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HARRY SHUPPIN at (631) 343-7070
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$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:

1. FARM RIDGE FOODS LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEW YORK
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-3064387
(PEI number, if applicable)

4. 11/1/19
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3124 EXPRESSWAY DR. S.
(Street Address of Principal Office)

6. 3124 EXPRESSWAY DR S.
(Mailing Address)

ISLANDIA N.Y. 11749

ISLANDIA N.Y. 11749

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JEFFROY SIEGEL

Office Address: 2000 PALM BEACH LAKES BLVD
SUITE 302

WEST PALM BEACH, Florida 33409
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

(Registered agent's signature)

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19 MAR 19 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

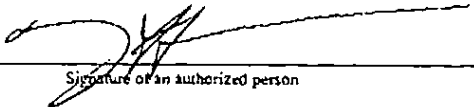
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>JEFFREY S. GIBBS</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>801 S. OLIVE AVE</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>WEST PALM BEACH</u>	<input type="checkbox"/> Authorized	_____
Person	<u>FL 33401-6180</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>RON LOEB</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>157 NORTH FORD RD</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>HAVPAUGS N.Y.</u>	<input type="checkbox"/> Authorized	_____
Person	<u>11788</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>HARRY SHUFERIN</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>3124 EXPRESS WAY DAS</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>ISLANDIA N.Y.</u>	<input type="checkbox"/> Authorized	_____
Person	<u>11749</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

HARRY SHUFERIN

Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that FARM RICH FOODS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/16/2008, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment FARM RICH FOODS LLC, changing its name to FARM RIDGE FOODS, LLC, was filed 06/11/2009.



FILED
19 MAR 19 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 08th day of March two
thousand and nineteen.

Whitney Clark
Deputy Secretary of State