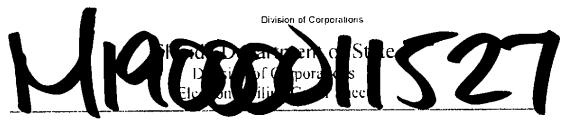
12/4/2019



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(((H190003507183)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FC4000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

Foreign Limited Liability Company

Certificate of Status	U
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Ferraro Foods of New Jersey LLC

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DEC 05 2019

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

IN COMPLIANCE WITH SECTION 005.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF PLORIDA:

one mevulable, enter alternate n	ame adopted for the purpose of transacting business in Florida TI	e alternate mane must include "Limited Linbility Company," "L.1	LC, estuca
Delawar <del>e</del>			·
Jurishipson under the taw of wh	ach fureign limited liability company is organized)	(FEI surebor, if applicable)	<del>-</del>
12/07/2019			
·	(Succ Brist transacted business in Florida, if prior to register (See sections 605,0904 & 605,0905, F.S. to determine pen-	tion)	
287 S. Randolphville R		-17	
(Street Address of P		5. (Medieg Aderess)	
Piscataway, NJ 08854			
**			
		•	
lame and street address	s of Florida registered agent; (P.O. Box NO	Lacceptable)	1
	,		
Name:	C T Corporation System		
	1200 South Pine Island Road		۲.
Office Address:		<del></del>	ر
	Plantation -	33324 Florida	
	(Ciry)	(Zip code)	

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]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Add	ress:
☐Manager	Name: Ferraro Fine Foods Corp.	Manager Manager	Name:		
Member	Address: 287 S. Randolphville Road	Member	Address:	~~·	<del></del> .
Authorized	Piscataway, NJ 08854	Authorized			
Person		Person			
Other	Other	Other	<del></del>	Other	
☐Manager	Name:	Manager	Name:		
Member	Address;	Member	Address:		
Authorized		Authorized			
Person		Person			
Other	Other	Other		Other	
					2019
Manager	Name:	Manager Manager	Name:		:
☐Member	Address:	Member	Address:	<del></del>	<del></del>
Authorized		☐ Authorized			
Person		Person			
Other	Other	Other		Other	- <del></del>
					w

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

TOGETH T, ITAWAWO III CFO OF SOLE MEMBER

Typed or period increes a signed

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FERRARO FOODS OF NEW JERSEY LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FOURTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2019 Dr. . - 4 PH 2: 53



Authentication: 204134322

Date: 12-04-19