M24000000 2701

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
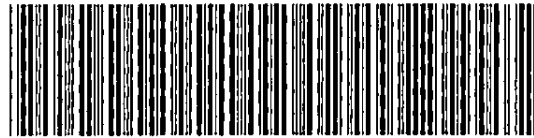
_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only

900424693219

2024 MAR -1 PM 4: 31

RECEIVED
2024 MAR -1 AM 10: 53
TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.
1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO   Florida Department of State

The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM   Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE   3/1/2024   **PRIORITY**   Regular Approval   **OUR REF # (Order ID#)**   1233935

ORDER ENTITY
FOODPREP SOLUTIONS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
FOODPREP SOLUTIONS, LLC   (FL)

File the attached foreign qualification document and provide a certified copy.

NOTES:
$155.00 Authorized
Email address for annual report reminders: Anita@delaneycorporate.com

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and
courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, March 1, 2024   *Page 1 of 1*

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. FoodPrep Solutions, 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. Delaware
   (Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
   (FEI number, if applicable)

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

5. 80 Largo Drive
   (Street Address of Principal Office)

   Stamford, CT 06907

6. 80 Largo Drive
   (Mailing Address)

   Stamford, CT 06907

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

   Name: NRAI Services, Inc.

   Office Address: 1200 South Pine Island Road

   Plantation , Florida 33324
   (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.

By: _____
   (Registered agent's signature)

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 Address:
☒Manager	Name: FPS LLC	☐Manager	Name: _____
☒Member	Address: 747 3rd Ave. 22nd FL	☐Member	Address: _____
☐Authorized	New York, NY 10017	☐Authorized	_____
Person	_____	Person	_____
☐Other_____ ☐Other_____		☐Other_____ ☐Other_____	

☐Manager	Name: _____	☐Manager	Name: _____
☐Member	Address: _____	☐Member	Address: _____
☐Authorized	_____	☐Authorized	_____
Person	_____	Person	_____
☐Other_____ ☐Other_____		☐Other_____ ☐Other_____	

☐Manager	Name: _____	☐Manager	Name: _____
☐Member	Address: _____	☐Member	Address: _____
☐Authorized	_____	☐Authorized	_____
Person	_____	Person	_____
☐Other_____ ☐Other_____		☐Other_____ ☐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.

David Faiman
_____
Signature of an authorized person

David Faiman
_____
Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FOODPREP SOLUTIONS, 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 THIRTIETH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FOODPREP SOLUTIONS, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2019.

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

Jeffrey W. Bullock, Secretary of State

7756967 8300

SR# 20240290441

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202699018

Date: 01-30-24