

FO 4000004313

(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

7/28
MST



500039476735

07/26/04--01056--023 **70.00

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

04 JUL 26 PM 1:07

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARDILE BROTHERS MUSHROOM PKG., INC.

(Name of corporation - must include suffix)

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:

MICHAEL P. CARDILE, SR.

(Name of Person)

CARDILE BROTHERS MUSHROOM PKG., INC.

(Firm/Company)

P.O. BOX 707

(Address)

AVONDALE, PA 19311

(City/State and Zip code)

For further information concerning this matter, please call:

TIMOTHY D. UMBREIT, CPA

(Name of Person)

at 610-444-3222

(Area Code & Daytime Telephone Number)

FILED
04 JUL 26 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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. CARDILE BROTHERS MUSHROOM Packaging, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

CBMP, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PENNSYLVANIA 3. 23-2258137
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/8/83 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. JULY 15, 2004
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. P.O. BOX 707, AVONDALE, PA 19311
(Principal office address)

P.O. BOX 707, AVONDALE, PA 19311
(Current mailing address)

8. WHOLESALE DISTRIBUTION OF MUSHROOMS
(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 NOT acceptable)

Name: BRIAN ZELLER

Office Address: 1335 NW 21st TERRACE

MIAMI, Florida 33142
(City) (Zip code)

FILED
04 JUL 26 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Brian Zeller

(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CHARLES E. CARDILE, JR.

Address: 540 CHURCH ROAD

AVONDALE, PA 19311

Vice President: MICHAEL P. CARDILE, SR.

Address: 235 FERN RIDGE

LANDENBERG, PA 19350

Secretary: SAME AS V.P.

Address: _____

Treasurer: _____

Address: _____

FILED
04 JUL 26 PM : 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13. _____

Michael P. Cardile Sr.
(Signature of Director or Officer listed in number 12 of the application)

14. _____

MICHAEL P. CARDILE, SR.
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

June 04, 2004

TO ALL WHOM THESE PRESENTS SHALL COME , GREETING :

I DO HEREBY CERTIFY THAT,

CARDILE BROTHERS MUSHROOM PACKAGING, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show , as of the date herein .



IN TESTIMONY WHEREOF , I
have hereunto set my hand and
caused the Seal of the
Secretary's Office to be affixed,
the day and year above written.

Dechs C. Cortes

Secretary of the Commonwealth

STMARTZ