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(Requestor's Name)				
(Address)				
(Address)	一 `.			
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Queen City Candy, 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:
Leonard G. Rowekamp
(Name of Person)
Wolnitzek & Rowekamp, PSC
(Firm/Company)
502 Greenup Street
(Address)
Covington, KY 41011
(City/State and Zip code)
For further information concerning this matter, please call:
Leonard G. Rowekamp 859 491-4444 0
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing 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 & \$78.75 Filing Fee & Certificate of Status Certified Copy \$78.75 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.

Queen Cit	ly Candy, Inc.	W (COL TAIL II (COLDON TON)	
(Enter name of c	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,	
A Company			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busing	ess in Florida)
Indiana	3.		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
8-12	- 199Q 5. of incorporation)	perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist o	r "perpetual")
April 15, 2	2009		
	(Date first transacted business	in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
, <mark>601 Rudo</mark> l	ph Way, Lawrenceburg, IN 4	17025	
*	(Principal office add		
601 Rudo	lph Way, Lawrenceburg, IN 4	47025	
	(Current mailing ad		
	_		
3			
(Purpose(s) of corporation authorized in home state or c	country to be carried out in state of Florida)	~ }
). Name and stre	et address of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	Clifford C. Kessler, Jr.		APR .
Januc,			
Office Address:	4653 Murcross Lane		20
	New Port Richey (City)	_, Florida 34653	7
	(City)	(Zip code)	
0. Registered a	gent's acceptance:		爱 25
Having been nan	ned as registered agent and to accept serv		oration at the place
	s application, I hereby accept the appoint comply with the provisions of all statutes:		
	r with and accept the obligations of my p		mmunce of my auses
_	Alford C.1	(isoler)	
_	(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: Paul Vincent Klee Address: 601 Rudolph Way, Lawrenceburg, IN 47025 Vice Chairman: Director: Cathie Ruth Klee Address: 601 Rudolph Way, Lawrenceburg, IN 47025 Address: _ **B. OFFICERS** President: Paul Vincent Klee Address: 601 Rudolph Way, Lawrenceburg, IN 47025 Vice President: Secretary: Cathie Ruth Klee Address: 601 Rudolph Way, Lawrenceburg, IN 47025 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

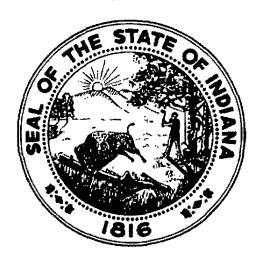
1, TODD ROKITA, Secretary of State of Indiana, do hereby certify that 1 am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

QUEEN CITY CANDY, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on August 12, 1996, and was in existence or authorized to transact business in the State of Indiana on April 09, 2009.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Ninth Day of April, 2009.

TODD ROKITA, Secretary of State

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