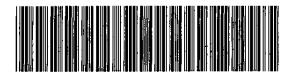
F10000007617

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Business Endty Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FINANCIA

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COVER LETTER

TO: New Filing Section Division of Corporations	
	I FOODS INC
	corporation - must include suffix
Dear Sir or Madam:	
	oration for Authorization to Transact Business in Florida," Good Standing" and check are submitted to register the sact business in Florida.
Please return all correspondence concerning	
Michael	Name of Person FOODS TNC Firm/Company EWPORT PIKE Address
	Name of Person
BASCIANI	FOODS INC
	Firm/Company
8876 GAP N	Firm/Company EWPORT PIKE Address SERVED
AVONDALE	PA 1931/ FF 7 TT
	City/State and Zip code
Michael e l E-mail address: (City/State and Zip code BASCIANI FOODS. Company to be used for future annual report notification)
For further information concerning this matt	
Michael J. Bas CIAN Lat Name of Person	(618) 268-3044 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 amoun	t:
\$70.00 Filing Fee	

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. BASCIANI FOODS FUEL (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Corp," "C

10. Registered agent's acceptance:

Name:

Office Address:

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.

9025 Boggy (REST Pd UNTS 11+12 OR 1ANDO , Florida 32824 (City) (Zip code)

Mule Bain (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. Name	es and business addresses of officers and/or directors:			
a. dirê	ČTORS,			
Chairman:	RONE .			•
Addiess				
_				
Vice Chain	man:		•	<u>.</u>
Address: _				
				. <u>-</u> .
Director: _	NONE	<u> </u>		
		<u></u>	<u>-</u>	
_				
Director:	NONE			
		•		
			. .	
B. OFFIC	· .	3	2	
President:	MARIO J BASCIANI	LL A		
	8876 GAP NEWPORT PIKE	HAS	<u> </u>	j j
_	AVONDALE PA 19311	SEN Y	=	20 Kilaulion B B SC 1 Diam
Vice Preside	ent: Michael J. BASCIANI	70	P#	Tarm.
Address:	8876 GAP NEWPORT PIKE) RIE D	=	الأدروية
		m.*	1.50	
Secretary:	AVONDALE PA 1931/ Michael J BASCIANI	,		
Address:	SAME AS ABOUT			
reasurer.	Michael J Bascinii.			-
ddress:	SAME AS ABOUT SAME AS ABOVE SAME AS ABOVE	,	······································	
<u></u>				
OTE: If	necessary, you may attach an addendum to the application listing additional officers a	nd/or di	ectors.	
3. The	all Han			
	(Signature of Director or Officer listed in number 12 of the application)			
4	Michael J. BASCIANI V.PRES. SEC (Typed or printed name and capacity of person signing application)	4 7	REA	<u>5</u>
	(Typed or printed name and capacity of person signing application)			

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

AUGUST 9, 2010

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING

SLORETARY OF STATE INLLAHASSEE, FLORIDI

I DO HEREBY CERTIFY THAT

BASCIANI FOODS, INC

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation 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.

Acting Secretary of the Commonwealth

Bacil L. Merenda

Certification Number: 8935065-1
Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp