

F15000005337

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000285089 3)))



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To: Division of Corporations
Fax Number : (850)617-6383

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

Please retain original filing date of submission 12/2

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

Email Address: _____

RECEIVED
15 DEC -3 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
M. D'Ottavio Produce, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05/6
Estimated Charge	\$70.00

FILED
2015 DEC -2 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATX1

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: M. D'OTTAVIO PRODUCE, 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," or "Certificate of Good Standing" 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:

BARBARA GALLO
Name of Person

M. D'OTTAVIO PRODUCE, INC
Firm/Company

P.O. BOX 635
Address

MINOTOLA, NJ 08341
City/State and Zip code

barb@mdottavioproduce.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA GALLO at (858) 892-3311
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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

12/3/2015 2:44:19 PM From: To: 8506176383(2/6)
850-617-6381 12/3/2015 8:08:47 AM PAGE 1/001 fax server



December 3, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT

RE-SUBMIT

Please retain original filing
date of submission 12/2

SUBJECT: M. D'OTTAVIO PRODUCE, INC
REF: W15000078001

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Naysa Culligan
Regulatory Specialist II

FAX Aud. #: H15000285089
Letter Number: 715A00025283

RECEIVED
15 DEC -3 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. D'OTTAVIO PRODUCE, INC

22-3159515

ATX1

**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. M. D'OTTAVIO PRODUCE, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NEW JERSEY 3. 22-3159515
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2/27/1992 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 1/1/2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1088 N. Main Road, #86, Vineland NJ 08360
(Principal office address)

P.O. BOX 535 MINOTOLA, NJ 08341
(Current mailing address)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: C T Corporation System
Office Address: 1200 S Pine Island Rd
Plantation, Florida 33324
(City) (Zip code)

9. 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.

Nicole Chouinard

C T Corporation System

Nicole Chouinard, Asst. Secretary

(Registered agent's signature)

10. 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.

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2015 DEC -2 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/3/2015 2:44:19 PM From: To: 8506176383(5/6)

M. D'OTTAVIO PRODUCE, INC

22-3159515

ATX1

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MICHAEL D'OTTAVIO

Address: 2388 VINE ROAD, VINELAND NJ 08361

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. MICHAEL D'OTTAVIO

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

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2015 DEC -2 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

M. D'OTTAVIO PRODUCE, INC.

0100510175

With the Previous or Alternate Name

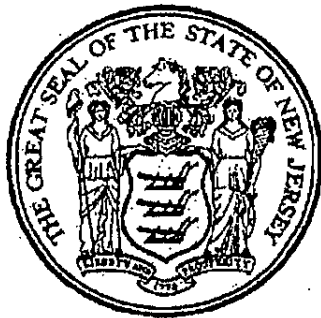
D'OTTAVIO PRODUCE (Alternate Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on February 27, 1992.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*A. Steven Fabietti
817 East Landis Ave
Vineland, NJ 08362 1501*



Certification# 137733963

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
1st day of December, 2015*

A handwritten signature in black ink, appearing to read "Ford M. Scudder".

*Ford M Scudder
Acting State Treasurer*

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp