702 000002678

TRANSMITTAL LETTER

TO:	Registration Sect Division of Corp		-	<u>-</u>				
SUBJ	JECT:	Chagrin Sa	Ifety Sup	oply Inc.				
		(Nam	e of corporati	on - must include s	suffix)			
Dear S	Sir or Madam:		-					
"Certi	nclosed "Application ficate of Existence" asact business in Fl	", and check are						
Please	e return all correspo	ndence concern	ing this matte	er to the following:				
	Laure Bi	ggs, CPA			<u>.</u>		···-	
	Chagrin	Safety Su	•	of Person)	5000) <u>0550</u>	6448	3 <u></u> 7
			(Firm/C	ompany)		*****78.7	-010 11- '5 ****	*78.75
	P.O. Bo>	< 23157						
			(Add	lress)				
	Chagrin	Falls, Oh	44023	-	<u></u>	=		-
			(City/State	and Zip code)				
			-	_				
For fu	rther information c	oncerning this r	natter, please	call:		SEC TALL	02	
Lau	ura Biggs		at (440) 543-277	7		H H	- =-
	(Name of Person	1)		Code & Daytime	Telephone Nu	ARY OF S	ILE 29	
Regist Divisi 409 E	tration Section on of Corporations . Gaines St. nassee, FL 32399			MAILING ADD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	etion porations	TATE	M II: 42	
Enclo	sed is a check for th	he following am	ount:					·
☐ \$70	0.00 Filing Fee	\$78.75 Filin Certificate		\$78.75 Filing Fe	<u>-</u> (87.50 Filing Certificate of Certified Cop	Status &	

189/67/



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 20, 2002

LAURA BIGGS CPA PO. BOX 23157 CHAGRIN FALLS, OH 44023

SUBJECT: CHAGRIN SAFETY SUPPLY INC

Ref. Number: W02000014566

We have received your document for CHAGRIN SAFETY SUPPLY INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 302A00032177

2 MAY 29 AM II: 4 ECRETARY OF STATE

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.

	n Safety Supply, Inc.		<u>.</u> -						
(Name of corpo	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or								
matural person of	words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)								
		_	•						
2. <u>Ohio</u>	-=	_3	3. <u>34-1910713</u> (FEI number, if applicable)						
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)						
4. 01-07-	2000	5.	Perpetual						
(Date	e of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")						
6. Upon Q	ualification		-						
	ate first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")								
	(SEE SECTIONS 607.1	501,	607.1502 and 817.155, F.S.)						
7. <u>8227 E</u>	. Washington, Chagrin F								
5.5.5	(Principal office		•				_		
P.U. B	ox 23157, Chagrin Falls	, L	JH 44U23						
	(Current mailing	addre	ess)						
<u> </u>									
٥٠/	DIstributor of Medical, Dental, and Safety Supplies								
(Purpose(s) of corporation authorized in home state of	r cou	ntry to be carried out in state of	f Florida))				
9. Name and str	eet address of Florida registered ager	ıt: (P.O. Box or Mail Drop Box	NOT a	ccentable))0			
			•	<u></u>	TIL ECI	. •			
Name:	Bob Goldstein	<u>er</u>			£ E		77		
Office Address:	2117 Hollywood Blvd, #	#11	l		ASS AR	29			
				_	E O		Ш		
	Hollywood		, Florida	-	ES.	3			
	(City)		(Zip code)		<u>8</u> ₹	MIII: 42			
	gent's acceptance:				SE.				
Having been nam	ed as registered agent and to accept se	ervic	e of process for the above s	tated co	rporation	at th	e place		
aesignatea in this	application, I hereby accept the appoi	ntın	ent as registered agent and	agree to) act in th	is cap	vacity. I		

(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, but he Secretary of State and the Secretary of State a

duties, and I am familiar with and accept the obligations of my position as registered agent.

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.

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my

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

A. DIREC	CTORS	 :					
Chairman:	William H. Oler, III						
Address: _	17118 North Brook Trail	<u>-</u>		_			
	Chagrin Falls, OH 44023						
Vice Chairn	_{man:} Cynthia Oler	<u> </u>					
Address:	17118 North Brook Trail	<u> </u>					
	Chagrin Falls, OH 44023		-				
Director: _		<u></u>		-			
Address:		·		·			
Director:							
Address: _					-		
B. OFFIC	CERS William H. Oler, III	-					
Address:	17118 North Brook Trail	-					
_	Chagrin Falls, OH 44023						
Vice Preside	_{ent:} <u>Cynthia Oler</u>			== .			
Address:	17118 North Brook Trail	_			SECT ALL	2	
_	Chagrin Falls, OH 44023	=	_		ETA NHAS	IAY :	卫
Secretary: _	Cynthia Oler			ald willia.	RY O	29	
Address:	see above	<u> </u>			F ST	=	O -
Treasurer: _	William H. Oler, III	· · · — · · · · · · · · · · · · · · · ·		·	RIDA	=======================================	
Address: _	see above			::7			
	necessary, you may attach an addendum to the	e application li	isting additional of	ficers and/	'or directo	rs.	
13	(Signature of Chairman, Vice Chairman,	or any officer	listed in number 1	2 of the ap	plication)		
14	William H. Oler,III / Pres						
	(Typed or printed name and capa	acity of person	signing applicatio	n)			

United States of America State of Ohio Office of the Secretary of State

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show CHAGRIN SAFETY SUPPLY, INC., an Ohio corporation, Charter No. 1137603, having its principal location in Chagrin Falls, County of Cuyahoga, was incorporated on January 07, 2000 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 8th day of May, A.D. 2002

Ohio Secretary of State

Validation Number: V2002128MCFA0D