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

TO: Registration Section Division of Corporations							
SUBJECT: Alpha Associates. 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:							
David McGuigan							
(Name of Person)							
Alpha Associates, Inc.							
(Firm/Company)							
2 Amboy Ave.							
(Address)							
Woodbridge, NJ 07095							
(City/State and Zip code)							
(City/State and Zip code)  ON TOTAL							
David McGuigan at (~732 ) 634-5700 X6626 259							
David McGuigan at (**732 ) 634-5700 X6626  (Name of Person) (Area Code & Daytime Telephone Number)							
STREET ADDRESS: Registration Section Division of Corporations Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount:							
☐ \$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.	Alpha Associates, Inc.									
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or 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.	New Jersey	3.	22-1763475							
	(State or country under the law of which it is incorporated)	r the law of which it is incorporated) (FEI number								
4.	1962	5.	Perpetual							
	(Date of incorporation)	•	(Duration: Year corp. will cease to exist or "	perpetual")						
6.	March 03, 2003			·						
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)										
7	7. 2 Amboy Ave. Woodbridge, NJ 07095									
•	(Principal office address)									
2 Amboy Ave. Woodbridge, NJ 07095										
	(Current mailing address)									
8. Manufacturers-Industrial Insulation (Administrative Assistant)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)										
	(Purpose(s) of corporation authorized in home state or	r col	untry to be carried out in state of Florida)	<u> </u>	325					
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)										
	Name: George G Haramis			50						
Of	ffice Address: 5636 S.E. Sailfish Way				Ů					
	Stuart (City)	<del></del>	, Florida 34997 (Zip code)							
	(5-9)		(— <u>F</u> )							

#### 10. Registered agent's acceptance:

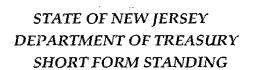
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(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. DIREC	TORS .,	•		
Chairman:	A. Louis Avallone	***		_
Address:	418 Ridgewood Avenue			
	Glen Ridge, NJ 07028			
Vice Chairm	nan: Christopher J. Avallone		<u>.</u> 1 44	- <u></u>
Address:	164 Fox Chase Road			
<del></del> -	Chester, NJ 07930			
Director:	John Baxter		· · · · · · · · · · · · · · · · · · ·	
Address:	93 Elmwood Avenue		. '	
_	Ho-Ho-Kus, NJ 07423			<u> </u>
Director: _	William Bennison			
Address:	68 Peregrine Crossing		· —-	-
·	Savannah, GA 31411		<u>.</u>	<u> </u>
B. OFFIC	ERS		03 APK	SECTION AND ADDRESS OF THE PARTY OF THE PART
	A. Louis Avallone			7 8
Address:	418 Ridgewood Avenue			P 1890
	Glen Ridge, NJ 07028			No SER
President <del>Vic<b>o Pre</b>side</del>	nt: Christopher J. Avallone	, 1-25 - 1-479 to 1-4-47		0 %
Address:	164 Fox Chase Road		·,, ·	
	Chester, NJ 07930	*		
Secretary: _	Pamela Avallone		¥ <del>5, '</del>	
Address: Vice Pres	418 Ridgewood Avenue Glen Ridge	NJ 07028		
	John Baxter		·	
Address:	93 Elmwood Avenue			,
$\Delta$	Ho-Ho-Kus, NJ 07423 necessary, you may attach an addendum to the app	lication listing additional of	ficers and/or direc	ctors.
13	(Signature of Chairman, Vice Chairman, or a	ny officer listed in number 12	2 of the application	<u></u>
14.	Nosident  Typed or printed name and canacity			,
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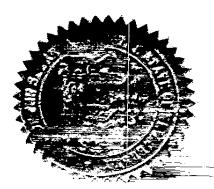
ALPHA ASSOCIATES, INC.

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 November 16, 1967.

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 Louis Avallone 2 Amboy Ave Woodbridge, NJ 07095



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 1st day of April, 2003

Johnerland

John E McCormac, CPA

State Treasurer