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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

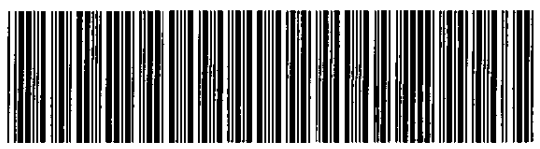
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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EP 8/7/09

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Bollore 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:

Robert Vickers  
Name of Person

Bollore Incorporated  
Firm/Company

60 LOUISA VIEWS DRIVE PO BOX 530  
Address

DAYVILLE, CT. 06241-0530  
City/State and Zip code

RVICKERS@BOLLORE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Vickers at (860)-774-2930 ext 121  
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

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. Bollore Inc  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Connecticut 3. 06-1057290  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 9, 1981 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. August 1, 2009  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 60 Louisa Views Drive, DAYVILLE, CT. 06241-0530  
(Principal office address)

PO Box 530 DAYVILLE, CT. 06241-0530  
(Current mailing address)

8. Manufacture and Sales of Shrink Film  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: Abel Podrazzoli

Office Address: 107 Dorchester  
West Palm, Florida 33417  
(City) (Zip code)

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.*

[Signature]  
(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.

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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Jean-Marc METAIS

Address: ODET BP 607

Quimper Cedex 29551 France

Vice Chairman: Cedric Bollare

Address: ODET BP 607

Quimper Cedex 29551 France

Director: Philippe Flageul

Address: ODET BP 607

Quimper Cedex 29551 France

Director: Stephen M. Brunetti

Address: 19 Legendary Road

East Lyme, CT. 06333

**B. OFFICERS**

President: Stephen M. Brunetti

Address: 19 Legendary Road

East Lyme, CT 06333

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Mark Black

Address: 138 Main Street, Norwich, CT. 06360

Treasurer: Robert H Vickers

Address: 4 Judy Lane, Plainfield, CT. 06374

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

13. Robert H Vickers

(Signature of Director or Officer listed in number 12 of the application)

14. Robert H Vickers

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

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TALLAHASSEE, FLORIDA

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that the certificate of incorporation of

BOLLORE, INC.

a domestic STOCK corporation, was filed in this office on November 09, 1981, a certificate of  
dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the  
records of this office such corporation is in existence.



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Secretary of the State

Date Issued: July 31, 2009

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