

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

F210000004333

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H210002793473)))



H210002793473ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2021 JUL 30 PM 1:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Please honor original date

07/21/2021

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614) 280-3339
 Fax Number : (954) 208-0845

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Allstate Conveyor Service, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2021 JUL 21 AM 7:26
 FILED

Electronic Filing Menu

Corporate Filing Menu

Help

Please honor original date 07/21/2021

07/30/2021

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.

Allstate Conveyor Service, Incorporated

1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "In.," "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. 22-3399823

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/21/1995 5. (Date of incorporation) (Date of duration, if other than perpetual)

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

265 Terrace Blvd, Voorhees Township, NJ 08043

7. (Principal office address)

(Current mailing address, if different)

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

Name: Flaster Greenberg, P.C. Corp.

Office Address: 12748 Bonnington Range Drive

Boynton Beach, Florida 33473 (City) (Zip code)

2021 JUL 21 AM 7:26

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.

By: [Signature] (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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Karla Porter

Director: _____

256 Terrace Blvd.

Address: _____

Voorhees, NJ 08043

William Porter

Director: _____

256 Terrace Blvd.

Address: _____

Voorhees, NJ 08043

B. OFFICERS

Karla Porter

President: _____

256 Terrace Blvd.

Address: _____

Voorhees, NJ 08043

William Porter

Vice President: _____

256 Terrace Blvd.

Address: _____

Voorhees, NJ 08043

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. Karla Porter _____
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. Karla Porter _____

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

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

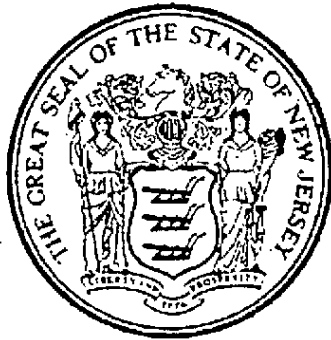
**ALLSTATE CONVEYOR SERVICE, INCORPORATED
0100639979**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on September 21, 1995.

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 office are:

KARLA PORTER
256 TERRACE BLVD.
FOORHEES, NJ 08043



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 21st day of July, 2021

*Elizabeth Maher Muoio
State Treasurer*

Certificate Number: 6121313546

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp