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2014 APR 30 AM 11: 23 SECRETARY OF STATE SECRETARY OF STATE

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MAY = 6 2018 T. HAMPTON

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: FLOW FORMAL ALLIANCE LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
STEVEN ROSENSHEW, CFO Name of Person
FLOW FORMAL ALLIANCE LLC Firm/Company
125 CASTLE ROAD Address
SECAUCUS, NJ 07094 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STEVEN ROSENSHEIN at (201) 863-7901 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigcup \\$125.00 \text{ Filing Fee} \\ \text{Certificate of Status} \\ \text{Certified Copy} \\ \text{S160.00 \text{ Filing Fee, Certified Copy}} \$\text{Certified Copy}



April 16, 2014

STEVEN ROSENSHEW 125 CASTLE RD SECAUCUS, NJ 07094

SUBJECT: FLOW FORMAL ALLIANCE, LLC

Ref. Number: W14000024310

We have received your document for FLOW FORMAL ALLIANCE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Letter Number: 514A00008232

Tammy Hampton
Regulatory Specialist III

www.sunbiz.org

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH FOREIGN LIMITED LIAI			•		ED TO REG	ISTER A
1. FLOW (Name of Foreig				•	C.")	- -
(If name unavailable, enter alte Liability Company," "L.L.C,"		for the purpose o	f transacting business in Flo	orida. The alternate name n	nust include "Li	mited ·
2. DELAWA (Jurisdiction under the law of company is organized)	A E of which foreign lim	ited liability	3. <u>20 - 50</u>	705153 FEI number, if applicable)		
4			in Florida, if prior to regist 05, F.S. to determine penalt	ration.)	1	- 2
5			LE ROAD		200 E00 200 200	OIL APR
	SECI	Street Addr	ess of Principal Office)	7094	788 880 800	_36 <u>r</u>
6			E ROAD			_
<u>/ </u>	SECA	1CUS /	VJ 07 00	74		23
7. The name, title or c	•	•	• •	•	_	
<u> </u>			SENSHEIN	V-CFO-,	4R	_
Var Car			VT 070	194		-
8. Attached is an origin having custody of recoracceptable. If the certif must be submitted)	nal certificate of	f existence, no liction under t	o more than 90 days of the law of which it is	old, duly authenticat organized. (A photo	ocopy is not	
(In accordance with section 605.0) arm aware that any false information	n submitted in a docu	n of this document coment to the Departm	ent of State constitutes a third	the penalties of perjury that t degree felony as provided for		
-			ROSENSH,	EIN		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Con	mpany is:
FLOW FORMAL	ALLIPACE LLC
If unavailable, the alternate to be used in	the state of Florida is:
2. The name and the Florida street address	ss of the registered agent and office are:
JEFF	(Name)
	Address (P.O. Box NOT ACCEPTABLE)
BOCA RAT	ON FL 33432 City/State/Zip
	City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature)

\$ 100.00 Fi

Filing Fee for Application

\$ 25.00

Designation of Registered Agent

\$ 30.00

Certified Copy (optional)

\$ 5.00

Certificate of Status (optional)

014 APR 30 AM 11: 28 SECRETARY OF STATE

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FLOW FORMAL ALLIANCE, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SEVENTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLOW FORMAL ALLIANCE, LLC" WAS FORMED ON THE FIRST DAY OF JUNE, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4167812 8300

140438343

AUTHENTYCATION: 1272984

DATE: 04-07-14

You may verify this certificate online at corp.delaware.gov/authver.shtml