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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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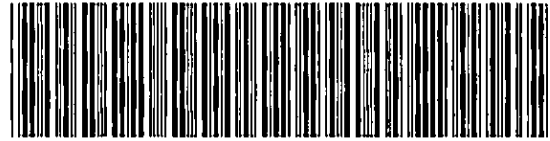
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

[Handwritten Signature]
10/10/17

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Simplex Americas, 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:

Jeremy Cantilina
Name of Person

Simplex Americas, LLC
Firm/Company

20 Bartles Corner Road
Address

Flemington, NJ 08822
City/State and Zip Code

Jeremy@simplexamericas.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Jeremy Cantilina</u>	at (<u>908</u>)	<u>237-9099</u>
Name of Contact Person	Area Code	Daytime Telephone Number

MAILING ADDRESS:
 Division of Corporations
 Registration Section
 P.O. Box 6327
 Tallahassee, FL 32314

STREET ADDRESS:
 Division of Corporations
 Registration Section
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANACT BUSINESS IN THE STATE OF FLORIDA:

1. Simplex Americas, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New Jersey 3. 31-1826430
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 20 Bartles Corner Road 6. 20 Bartles Corner Road
(Street Address of Principal Office) (Mailing Address)
Flemington, NJ 08822 Flemington, NJ 08822

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

Name: Business Filings Incorporated
 Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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 TALLAHASSEE, FLORIDA

Registered agent's acceptance:

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 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.

Donna Vogler, Asst. Sec. Business Filings Incorporated
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Managing Member</u>	<u>Donald Vogler</u> <u>20 Bartles Corner Road</u> <u>Flemington, NJ 08822</u>	<u>Member</u>	<u>Donna Vogler</u> <u>20 Bartles Corner Road</u> <u>Flemington, NJ 08822</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Donald Vogler
Signature of an authorized person

Donald Vogler, MM
Typed or printed name of signer

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

**SIMPLEX AMERICAS, LLC
0600176905**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 07, 2003.

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:

DONALD W. VOGLER
20 BARTLES CORNER ROAD
FLEMINGTON, NJ 08822



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 24th day of July, 2017

Ford M. Scudder
Acting State Treasurer

Certificate Number - 60S1360575

Verify this certificate online at

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