

CT CORPORATION SYSTEM

B01000000365

CORPORATION(S) NAME

Spectrum Supply Chain Services Partnership, LP

0

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01 OCT 22 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Profit

☐ Amendment

☐ Merger

☐ Nonprofit

☐ Dissolution/Withdrawal

☐ Mark

☐ Foreign

☐ Reinstatement

☒ Limited Partnership registration

☐ Annual Report

☐ Other

☐ LLC

☐ Name Registration

☐ Change of RA

☐ Fictitious Name

☐ UCC

☒ Certified Copy

☐ Photocopies

☐ CUS

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Name

10/22/01

Order#: 4860409

Availability _____

100004647921--7

Document

-10/22/01--01037--027

Examiner _____

Ref#:

*****87.50 *****87.50

Updater _____

100004647921--7

Verifier _____

-10/22/01--01037--028

W.P. Verifier _____

Amount: \$ *****52.50 *****52.50

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

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01 OCT 22 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Spectrum Supply Chain Services Partnership, LP
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Delaware 4. 9-04-01
(State of Formation) (Date of Formation)

5. C T Corporation System
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

C T Corporation System

Denise Maestre, Denise Maestre, Assistant Secretary
(Agent must sign on this line)

8. Corporation Trust Center, 1209 Orange Street, Wilmington, DE 19801

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Spectrum Supply Chain Services Inc. 15 Independence Boulevard
F01 000003462
Warren, New Jersey 07059

SSCS, Inc. 15 Independence Boulevard
F01 000005362
Warren, New Jersey 07059

10. 15 Independence Boulevard, Warren, NJ 07059
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. 15 Independence Boulevard, Warren, New Jersey 07059

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 2nd day of October, 19 2001.

By: Spectrum Supply Chain Services Inc., General Partner

By:

Matthew Keogh

Title: SECRETARY / TREASURER

STATE OF

COUNTY OF

On this 2nd day of October, 19 2001.

Matthew Keogh

personally appeared before me,

☐ who is personally known to me

☐ whose identity I proved on the basis of

Maria E. Rappa
(Notary Public Signature)

Maria E. Rappa
(Notary's Printed Name)

Seal

My Commission Expires:

MARIA E. RAPPA
Notary Public, State of New York
No. 41-4724589
Qualified in Queens County
Commission Expires Oct. 31, 2002

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared _____
a general partner of _____, a (an) _____
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 1,000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purpose of transacting business in Florida is \$ 100.00.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 2nd day of October, 19 2001.

By: Spectrum Supply Chain Services Inc.
General Partner

By: Matthew Kogel
Name: MATTHEW KOGEL
Title: SECRETARY / TREASURER

STATE OF _____

COUNTY OF _____

On this 2nd day of October, 19 2001,

_____, personally appeared before me,

☐ who is personally known to me

☐ whose identity I proved on the basis of _____

Maria E. Rappa
(Notary Public Signature)

Maria E. Rappa
(Notary's Printed Name)

Seal

My Commission Expires:

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