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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 22, 2006

CHRISTINE VOGT 10B GLENLAKE PKWY, STE. 300 ATLANTA, GA 30328

SUBJECT: SANFORD, L.P. Ref. Number: W06000051097

We have received your document for SANFORD, L.P. and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as for it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 406A00068023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sanford, L.P.	
(Name of Foreign Limited Partnership	or Limited Liability Limited Partnership)
	us and fees are submitted to register a foreign ed partnership to transact business in Florida. g this matter to:
Christine Vogt	
(Contact Person)	20
Newell Rubbermaid Inc.	En B
(Firm/Company)	ARE OV
10B Glenlake Pkwy., Ste. 300	SECRETARY OF STATE SECRETARY OF STATE AHASSEE. FLORID
(Address)	MO P
Atlanta, GA 30328	FLO 3:
(City, State and Zip Code)	
For further information concerning this mat	tter, please call:
Christine Vogt	at (770) 407-3829
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amou	nnt:
\$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee) \$\$1,008.75 Filing Fees and Certificate of Status	\$1,052.50 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	•



November 30, 2006

VIA DHL

Ms. Tammi Cline Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Sanford, L.P.

Dear Ms. Cline:

Enclosed for resubmission, please find the Application by Foreign Chaited of Partnership to Transact Business in Florida for Sanford, L.P. (doing business in Florida under the name Sanford Brands, L.P.). Please return evidence of filing to my attention:

Please feel free to call me at 770-407-3829 with any questions.

Sincerely yours,

Christine E. Vogt

Corporate and Securities Paralegal

Enclosures

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

_{1.} Sanford, L.P.			•	
Acceptable Limited Partne	rtnership or Limited Liability L ership suffixes: Limited Partne ity Limited Partnership suffixes	rship, Limited, L.P., LP, or Ltd.	•	
Sanford Br	ands, L.P.		·	
	name under which the limited pagister to transact business in Flo			
_{2.} Illinois	3.	12-31-1996		
(State or Country	of Formation)	(Date of Formation)	200 12 12	
4. CT Corporat	ion System_		2006 NOV 30 SECRETARY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(Name of Registered Agent f	or Service of Process)	TAF AS	general a
5. 1200 South	Pine Island Road	<u> </u>	SEE SEE	
-	(Florida street address for	Registered Agent)	TO	3
Plantation, FL	33324			
comply with the provision	pointment as registered agent a s of all statutes relative to the p accept the obligations of my po	roper and complete performan		
	Mary R.		MARY R. ADAMS ASSISTANT SECRE	TΔRY
	Signature of Regis	tered Agent	NOGISTALLS SEGUE	MILL
7. 2707 Butterfie	eld Rd., Ste. 100			
	(Principal office	address)		
Oak Brook, IL 6	80523			
8. If limited partnersl	nip is a limited liability lim	nited partnership, check bo	ox 🗍	

_{9,} 10B Glenlake Pkwy., Ste. 30		
·	ing address)	
Atlanta, GA 30328		<u> </u>
10. Name, principal office address, and m	ailing address of each general partner:	
Newell Operating Company	10B Glenlake Pkwy., Ste	. 300
(Name) 55-66H	Atlanta, GA 30328	
	10B Glenlake Pkwy., Ste.	300
	Atlanta, GA 30328	70
	LLAI	5
(Name)	(Street Address)	30
·	EE.F	
	(Mailing Address)	-3: 22
	7	
(Name)	(Street Address)	
	(Mailing Address)	_
		_
(Name)	(Street Address)	
		
	(Mailing Address)	_

Page 2 of 3

(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
	TARY OF STATE AND STATE AN
11. Effective date, if other than the date of f	iling: 2
(Effective date cannot be prior to not filed by the Florida Department of St	r more than 90 days after the date this document is
to the delivery of this application to t State or other official having custody law of which it is organized.	nce duly authenticated, not more than 90 days prior the Florida Department of State, by the Secretary of of the entity's records in the jurisdiction under the
Signed this day o	f_November
Signature of a general partner:	
Asst. Servitory of Ne General Partner	well operatory Company,
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

File Number

S011967



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SANFORD, L.P., HAVING REGISTERED IN THE STATE OF ILLINOIS ON DECEMBER 26, 1996, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE RÉVISED/UNIFORM LIMITED PARTNERSHIP ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED PARTNERSHIP IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of A.D.

NOVEMBER

2006

Authentication #: 0632102153 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE