## F02000003390

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TRANSMITTAL LETTER
TRANSMITTAL LETTER  TO: Registration Section Division of Corporations  SUBJECT: SLP PERFORMANCE PARTS, INC.  (Name of corporation - must include suffix)
SUBJECT: SLP PERFORMANCE PARTS, INC.  (Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:  MR. SLADE A. HARMON 40006126694-2  (Name of Person) -07/01/02-01073-001
SLP PERFORMANCE PARTS, INC. *****78.75 *****78.75 (Firm/Company)
1501 INDUSTRIAL WAY NORTH
Toms River, WJ 08755  (City/State and Zip code)
For further information concerning this matter, please call:
MR. SLADE A. HARMON at (732) 240-3696 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS:  Registration Section  Rivinion of Comparations  Registration Section
Division of Corporations  409 E. Gaines St.  Tallahassee, FL 32399  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314
Enclosed is a check for the following amount:

☐ \$78.75 Filing Fee &

Certified Copy

\$78.75 Filing Fee & Certificate of Status

□ \$70.00 Filing Fee

J BRYAN JUL - 2 2002

☐ \$87.50 Filing Fee,

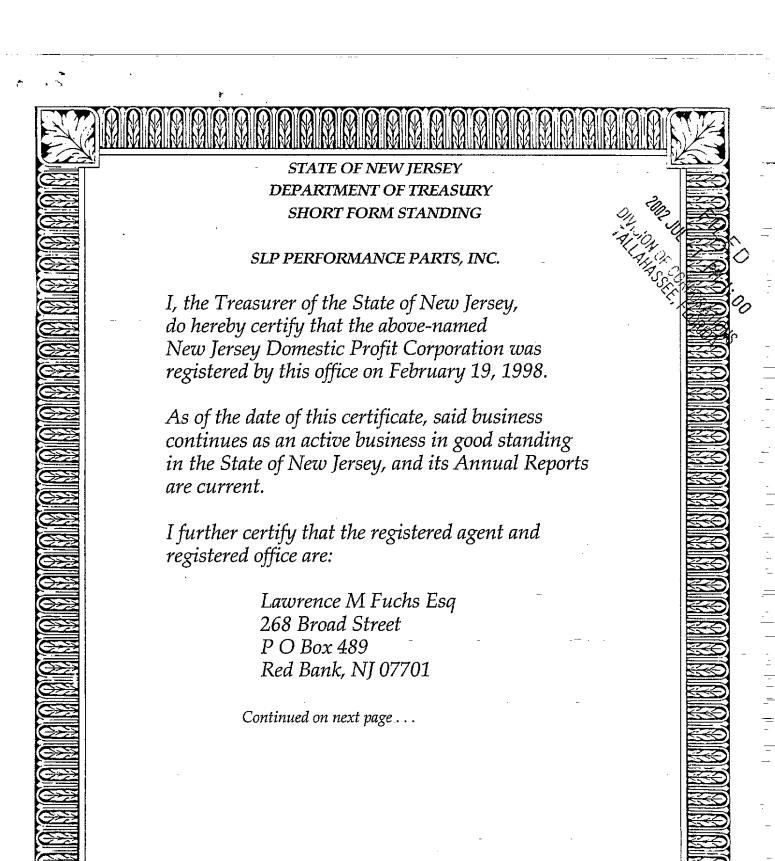
Certificate of Status & Certified Copy

## 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.
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.  1. SIPPERFORMANCE PARTS / NC.  (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. <u> </u>
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1501 INDUSTRIAL WAY NORTH, TOMS RIVER, NJ 08755
(Principal office address)
1501 INDUSTRIAL WAY NORTH, TOMS RIVER, NJ 08755
(Current mailing address)
8. MANUFACTURING
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: MR. SLADE A. HARMON
Office Address: 15355 FLIGHT PATH DR. UNIT
BROOKS VILLE, Florida 34613 (City) (Zip code)
10. 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
dutiner agree to comply wan 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.
Alule U Denn
(Registered agent's signature)

11. 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.

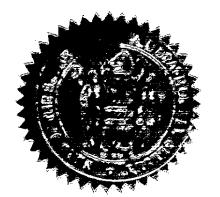
12. Names and business addresses of officers and/or directors:
A. DIRECTORS  Chairman:
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: MR. EDWARD HAMBURGER
Address:
TOMS RIVER, NO 08755
Vice President: MS. COULERN MEYER
Address: 1501 NOUSTRIAL WAY NORTH
TOMS KIVER, NJ 08755
Secretary: Ms. COLLEEN MEYER
Address:
Treasurer: MR. EDWARD HAMBURGER
Address:SAME
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Caller C. //eyer
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. OLLEEN A. NEVER VP 6M (Typed or printed name and capacity of person signing application)





STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

SLP PERFORMANCE PARTS, INC.



IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed my Official Seal at Trenton, this 26th day of June, 2002

Johnstrammer

John E McCormac, CPA State Treasurer