Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000038799 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428

FOREIGN PROFIT QUALIFICATION

Hy-Ko Products Company

Certificate of Status	0
Certified Copy	0
Page Count	245
Estimated Charge	\$70.00

Chartenia Filing Manu.

Corporate Filing

Public Access Held.

MAC

PAFEB 21 IMD: BUT LEVEL IN TO THE CORPORATION OF CORPORATION AND THE CORPORATION AND T



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 23, 2004

CT CORPORATION SYSTEM

SUBJECT: HY-KO PRODUCTS COMPANY

REF: W04000007556

Of FEB 23 IN 1: 13

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A brief description of the entity's nature of business must be included in the document.

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 FAX Aud. #: H04000038799 Letter Number: 804A00012110

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

(Enter name o	Mu-Ko Phaduc f corporation; must include "Corp," *Inc," "Co," or "Co	TS Comp "NCORPORATED"	COMPANY,	"CORPORATION,"	
(If name unav	ailable in Florida, enter alto	mate corporate name ad	opted for the p	urpose of transacting t	business in Florida)
	Dhio	3.	. 8	4-0700074	15
(State or count	The law of which is	t is incorporated)	{	<u>4-0700074</u> FEI number, if applies	ible)
	N2.1949	5.	Mer	notue	
(D)	ats of incorporation)	5. <u> </u>	Duration: Yes	r corp. will cease to ex	dist or "perpetual")
5.	February	2004			ĒĒĒ
(Date first tran	sected business in Florids.	If corporation has not to	ansacted busin	ess in Florida, insert "1	mon qualification.")
	(SER	SECTIONS 607.1501, 6	07.1502 and 8	17.155, F.S.)	<u> </u>
·	7370 N	orthdield	ld.		<u>ini</u>
,		(Principal office addres	s)		
	YUA LTOX	JaHills.	Ohio	44146	
		200			—— ——— —
·due	AND for All 10	(Current mailing address who business	•		
	ANN or All la es) of corporation authorize treet address of Florida	ewfol businessed in home state or coun	try to be carrie		
		ewfol businessed in home state or coun	try to be carrie		
. Name and g	treet address of Florida	ed in home state or countries; (P.	try to be carrie		
. Name and g	CT Corporation System 1200 South Pine Island R	ed in home state or countries; (P.	S try to be carrie O. Box or M.	ail Drop Box <u>NOT</u> a	
. Name and g	CT Corporation System 1200 South Pine Island R	ed in home state or countries; (P.	S try to be carrie O. Box or M.	ail Drop Box <u>NOT</u> a	
Name and gi Name: Office Address;	CT Corporation System 1200 South Pine Island R Plan (City)	ed in home state or countries; (P.	S try to be carrie O. Box or M.	ail Drop Box <u>NOT</u> a	
Name and gi Name: Office Address: O. Registered faving been na lexignated in thurther agree to	CT Corporation System 1200 South Pine Island R Plan (City) agent's acceptance: uned as registered agent is application, I hereby a comply with the provision	registered agent: (P. ond tation and to accept service accept the appointment ons of all statutes rela	try to be carrie O. Box or Mi , Florida of process for the arregister tive to the nr.	ail Drop Box <u>NOT</u> a 33324 (Zip code) the above stated cord agent and agree to the state of t	orporation at the place
Name and gi Name: Office Address: O. Registered faving been na esignated in thurther agree to	CT Corporation System 1200 South Pine Island R Plan (City) agent's acceptance: uned as registered agent is application, I hereby a comply with the provision or with and accept the oil	registered agent: (P. coad tation and to accept service accept the appointment of all statutes relabilizations of my positi	try to be carrie O. Box or Mi , Florida of process for the arregister tive to the nr.	ail Drop Box <u>NOT</u> a 33324 (Zip code) the above stated cord agent and agree to the state of t	orporation at the place
Name and gi Name: Office Address: O. Registered faving been na lexignated in thurther agree to	CT Corporation System 1200 South Pine Island R Plan (City) agent's acceptance: uned as registered agent is application, I hereby a comply with the provision	registered agent: (P. coad tation and to accept service accept the appointment on so of all statutes relations of my position	try to be carrie O. Box or Mi , Florida of process for it as registere tive to the pre-	ail Drop Box <u>NOT</u> a 33324 (Zip code) the above stated co ed agent and agree t oper and complete p red agent.	orporation at the place
Name and gi Name: Office Address: O. Registered aving been na exignated in the orther agree to	CT Corporation System 1200 South Pine Island R Plan (City) agent's acceptance: uned as registered agent is application, I hereby a comply with the provision ar with and accept the oil CT Corporation Syste	registered agent: (P. coad tation and to accept service accept the appointment on so of all statutes relations of my position	try to be carrie O. Box or Mi , Florida of process for the arregister tive to the nr.	ail Drop Box <u>NOT</u> a 33324 (Zip code) the above stated co ed agent and agree t oper and complete p red agent.	orporation at the place

FLOIS - 10/15/2003 C'T Symbox Dridge

12. Names and business addresses of officers and/or directors:

Mala I Age
Chairman: Michael Bass
Address: 17552 LAKESEDGE TRAIL
Chagew FA1/s, 0 44023
Vice Chairman: DAUID Kaiufman
Address: JASO W. ASL LANE
DRANGE Village, D 44122
Director:
Address:
<u> </u>
Director:
Address:
B. OFFICERS
President: Best Raseabla Th
Address: 3883-2 LANDER Rd
Chagew FAIls, Oh 44022
Mala 1 Page
Address: 17552 LAKESENGE TRAIL
Chagein FAlls, D 44023
Secretary: Faxe Dass
Address: 17552 LAKESFDGE TRAIT Chagrin FAIIS 0 44023
Tressurer 1 HIII D. MALL MAN
Address: 3950 W. ASH LANE DRONGE VIllage, O 44122
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
and the contract of the contra
14. MCLACI A Bass (Typed or printed partie and canacity of person signing application)

A. DIRECTORS

United States of America State of Ohio Office of the Secretary of State

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show HY-KO PRODUCTS COMPANY, an Ohio corporation, Charter No. 211558, having its principal location in Walton Hills, County of Cuyahoga, was incorporated on January 29, 1949 and is currently in GOOD STANDING upon the records of this office.

TALLAHASSEE, FLORIDA

6\$ EB 23 EM 1: 1



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 19th day of February, A.D. 2004

Ohio Secretary of State