

**F10000001148**

Florida Department of State  
Division of Corporations  
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From: Account Name : C T CORPORATION SYSTEM  
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FOREIGN PROFIT/NONPROFIT CORPORATION  
Protective Products Holding Corp.

Certificate of Status	0
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**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.*

**1. PROTECTIVE PRODUCTS HOLDING CORP.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. DELAWARE**

(State or country under the law of which it is incorporated)

**3. 27-1614087**

(FEI number, if applicable)

**4. JANUARY 7, 2010**

(Date of incorporation)

**5. Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

**6. UPON QUALIFICATION.**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)

**7. 1649 NW 136TH AVENUE, SUNRISE, FL 33323**

(Principal office address)

**1649 NW 136TH AVENUE, SUNRISE, FL 33323**

(Current mailing address)

**8. Any and all lawful purposes.**

(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 NOT acceptable)**

Name: **CT Corporate System**

Office Address: **1200 South Pine Island Road**

**Plantation**

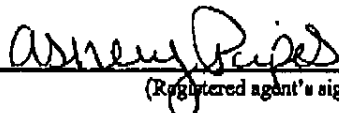
(City)

**, Florida 33324**

(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 duties, and I am familiar with and accept the obligations of my position as registered agent.*



**Assistant Secretary  
Ashley Pipes**

(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.**

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

A. DIRECTORS

Chairman: SEE ATTACHED LIST.

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS

President: SEE ATTACHED LIST.

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Mark Hajduch*  
(Signature of Director or Officer listed in number 12 of the application)

14. MARK HAJDUCH, VICE PRESIDENT  
(Typed or printed name and capacity of person signing application)

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**PROTECTIVE PRODUCTS HOLDING CORP.**

The business address for the following Officers and Directors is 5200 Town Center Circle, Suite 600, Boca Raton, Florida 33486:

**DIRECTOR:**

**Thomas V. Taylor**

**DIRECTOR:**

**Donald Mueller**

**VICE PRESIDENT & ASST. SECRETARY:**

**Michael J. McConvery**

**VICE PRESIDENT & ASST. SECRETARY:**

**Mark Hajduch**

**VICE PRESIDENT & ASST. TREASURER:**

**Melissa Klafter**

The business address for the following Officers and Directors is 1649 NW 136th Avenue, Sunrise, Florida 33323:

**DIRECTOR**

**PRESIDENT & SECRETARY:**

**Neil Schwartzman**

**VICE PRESIDENT & TREASURER:**

**Jason Williams**

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# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROTECTIVE PRODUCTS HOLDING CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF MARCH, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

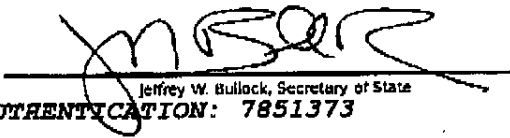
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at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7851373

DATE: 03-05-10