Florida Department of State

Division of Corporations
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Division of Corporations

Fax Number : (850) 617-6381

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FOREIGN PROFIT/NONPROFIT CORPORATION AMSAFE BRIDPORT, INC.

Certificate of Status	0
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Corporate Filing Menu

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T. Burch (161, 2 8 2018)

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

			TATUTES, THE FOLLOWING IS SUBMITTED TO: BUSINESS IN THE STATE OF FLORIDA.	100
1 AmSafe Brid	port, Inc.			\Box
(Enter name of c	corporation; must include "INCORPORAT corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	27 图 2:
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida)	64
2. Delaware		3	02-0428365	ယ
	under the law of which it is incorporated)	_ J.	(FEI number, if applicable)	
4. 10/15/1998		5.	Perpetual	
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
6. October 25, 2				
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7 1043 N. 47th	Avenue, Phoenix AZ 85043		· · · · · · · · · · · · · · · · · · ·	
	(Principal office	add	ress)	
1043 N. 47th	Avenue, Phoenix AZ 85043			
	(Current mailing	add	ress)	
8. Hired a salesp	nerson			
	s) of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)	
9. Name and stree	et address of Florida registered agent: ((P.C). Box <u>NOT</u> acceptable)	
Name:	Corporation Service Company			
Office Address:	1201 Hays Street			
	Taliahassee		Florida 32301	
	(City)		, Florida 32301 (Zip code)	
Having been nam designated in this further agree to c and I am familiar	application, I hereby accept the appole omply with the provisions of all statute with and accept the obligations of my	intn es r po	ce of process for the above stated corporation at the pla nent as registered agent and agree to act in this capacit elative to the proper and complete performance of my a sition as registered agent. Troy Todic	ty. I
	orporation Service Company y:		s its agent	
_	(Registered agent's signati	иe)		

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.

14, Dennis Gilbert, VP

12. Names and business addresses of officers and/or directors:						
A. DIRECTORS						
Chairmen:						
Address:	~ 1/21 PM					
	<u> </u>					
Vice Chairman:						
Address:	2巻 2					
Director:	, , , , , , , , , , , , , , , , , , , ,					
Address:						
Director:						
Address:						
B. OFFICERS						
President: Terence W. Lyons						
Address: 1043 N. 47th Avenue, Phoenix AZ 85043						
Vice President: Dennis Gilbert						
Address: 1043 N. 47th Avenue, Phoenix AZ 85043						
1043 N. 47th Avenue, Phoenix AZ 85043						
Secretary: Dennis Gilbert						
Address: 1043 N. 47th Avenue, Phoenix AZ 85043						
Treasurer:						
Address:						
//.						
NOTE: If necessary you may attach an addengture to the application listing additional officers and/or directors						

(Typed or printed name and capacity of person signing application)

(Signature of Director or Officer listed in number 12 of the application)

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMSAFE BRIDPORT, INC." 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 TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMSAFE BRIDPORT, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF OCTOBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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101032934

AUTHENTICATION: 8314736

DATE: 10-27-10