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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : NORTHWEST REGISTERED AGENT LLC  
Account Number : I20090000081  
Phone : (509) 768-2249  
Fax Number : (866) 543-4731

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FOREIGN PROFIT/NONPROFIT CORPORATION  
APPLE SPECIALTIES INC.**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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H110001430033

# 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. APPLE SPECIALTIES INC.

(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. NEW YORK

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

3.

N/A

(FEI number, if applicable)

## 4. MARCH 7, 1988

(Date of incorporation)

5.

PERPETUAL

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

## 6.

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

## 7. 2042 N. COUNTRY ROAD, WADING RIVER, NY 11792

(Principal office address)

2042 N. COUNTRY ROAD, WADING RIVER, NY 11792

(Current mailing address)

## 8. WHOLESALE PLUMBING SUPPLIER.

(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: NORTHWEST REGISTERED AGENT LLC

Office Address: 3111 W. DR. MLK BLVD., STE 100-B180

TAMPA

(City)

, Florida 33607

(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.*



DAN KEEN - MANAGER

(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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H110001430033

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

A. DIRECTORS:

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

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

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

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

Director: AMY CSORNY

Address: 2042 N. COUNTRY ROAD

WADING RIVER, NY 11792

Director: GERARD TILTON

Address: 2042 N. COUNTRY ROAD

WADING RIVER, NY 11792

B. OFFICERS:

President: AMY CSORNY

Address: 2042 N. COUNTRY ROAD

WADING RIVER, NY 11792

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

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

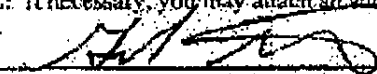
Secretary: GERARD TILTON

Address: 2042 N. COUNTRY ROAD, WADING RIVER, NY 11792

Treasurer: GERARD TILTON

Address: 2042 N. COUNTRY ROAD, WADING RIVER, NY 11792

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

13. 

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

14. GERARD TILTON, SECRETARY

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

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**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of APPLE SPECIALTIES INC. was filed on 03/07/1988, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



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 SECRETARY OF STATE  
 MAIL ROOM  
 ALBANY, NEW YORK

\*\*\*

WITNESS my hand and the official seal  
 of the Department of State at the City of  
 Albany, this 23rd day of May two  
 thousand and eleven.

First Deputy Secretary of State