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2011 NOV 21 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 28 2011

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Republic Foil Inc./GARMCO USA

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," or "Certificate of Good Standing" 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:

Joan G. Garofalo

Name of Person

Republic Foil Inc./GARMCO USA

Firm/Company

55 Triangle Street

Address

Danbury, CT 06810

City/State and Zip code

Joan.garofalo@garmcousa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joan G. Garofalo

Name of Person

at ( 203 ) 743-2731 x 11

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:



\$70.00 Filing Fee



\$78.75 Filing Fee &  
Certificate of Status



\$78.75 Filing Fee &  
Certified Copy



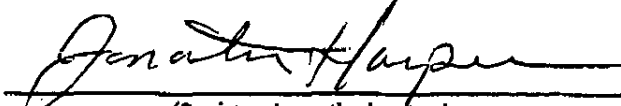
\$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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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. Republic Foil 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. Delaware 3. 06-1468204  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/14/96 5. Perpetual  
(Date of incorporation) (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. 1635 East HWY 50, Suite 205, Clermont, FL 34711  
(Principal office address)
8. Same as above  
(Current mailing address)
9. Regional Sales  
(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)  
2 Name: Jonathan Harper  
Office Address: 1635 East HWY 50, Suite 205  
Clermont, Florida 34711  
(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 duties, and I am familiar with and accept the obligations of my position as registered agent.*  
 11/16/11  
(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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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: William R. Witherspoon

Address: 9715 White Blossom Blvd

Louisville, KY 40241

Vice President: Jonathan Harper

Address: 2339 Caledonian Street

Clermont, FL 34711

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

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

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

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

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

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. William R. Witherspoon, President

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

2011 NOV 21 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that

REPUBLIC FOIL INC.

a corporation incorporated under the laws of DELAWARE and transacting business in the state of  
Connecticut under the name

REPUBLIC FOIL INC.

filed an application for certificate of authority to transact business in this office on December 11, 1996.

A certificate of withdrawal has not been filed, the corporation has filed all annual reports, and so far as  
indicated by the records of this office such corporation is authorized to transact business in Connecticut.



Secretary of the State

Date Issued: November 18, 2011

FILED  
2011 NOV 21 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA