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## Florida Department of State

Division of Corporations **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.

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To:

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

From:

Email Address:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 Fax Number : (305)633-9696

\*\*Enter the email address for this business entity to be used for  $\dot{m}$ annual report mailings. Enter only one email address please.\*\*

FOREIGN PROFIT/NONPROFIT CORPORATION UNITED GILSONITE LABORATORIES

Certificate of Status	0
Certified Copy	1
Page Count	05
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Corporate Filing Menu

J. Shivers DEC 15 2011

EMPIRE CORP KIT

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Fax Server



December 14, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: UNITED GILSONITE LABORATORIES INC.

REF: W11000062355

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.

If you have any further questions concerning your document, please call (850) 245-6929.

Justin M Shivers Regulatory Specialist II New Filing Section FAX Aud. #: H11000291693 Letter Number: 711A00027869

H11000Z91693

### **COVER LETTER**

TO: New Filing Section Division of Corporations						
SUBJECT: Uni-led Gilsonite Naborastories  Name of corporation - must include suffix						
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Cartificate 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:						
Eileen Temprine Name of Person						
Name of Person  United Gilsonite haboratories  Firm/Company  1396 Jefferson Ave.						
Address ITI						
2 ranton PA 1850						
F Tempolodolla con						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Pileen Temprine at (570) 344-1202 x179  Name of Person 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:						
S70.00 Filing Pee Certificate of Status  S78.75 Filing Fee & Certified Copy  Certificate of Status & Certified Copy  Certified Copy						

H 11000291693

### 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. United Gilsonite habonatories (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) Pennsulvania (State or country-under the law of which it is incorporated) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty fiability) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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

and I am familiar with and accept the obligations of my position as registered agent.

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.

further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,

12.	Names	and	preguess	addresses	of	officers	and/or	directors:
-----	-------	-----	----------	-----------	----	----------	--------	------------

A. DIRE	CTORS			
	John Atkins			
Address: _	1396 Jefferson Ave.			
	Scranten PA 18501			
Vice Chain	man: Thomas White			
Address: _	1396 Jefferson Are.			
_	Scranton PA 1850)			
Director: _	Pat Atkins			
	1396 Jefferson Ave.			
_	Scranton PA 18501		•	
Director: 🜊	Kasen hegan			
Address:	1396 Jefferson Avg.			
_	Scranton PA 18501		28	
B. OFFIC	ERS	CRETAR LAHASS	) DEC	
President: _	Thomas White	ASS	<u> </u>	Anatomic in the
Address: _	1396 Jefferson Ave.	in dia		E G
	Scranton PA 18501	<u> </u>	<u> </u>	Community of the Parket
Vice Preside	επt:		မ္တ	
Address: _				
_				
Secretary: _	Donald Mancusa			
Address:	1396 Jellerson Ave. Scranton Pf	<u> 18</u>	501	
Treasurer: _	Danald Mancuso			
Address:	1396 Tellerson Ave. Scranton	PA_	185	01
NOTE: if	necessary, you may attach an addendum to the application listing additional officers an	d/or direct	tors.	
13	2000 ha			
are true and	Signature of Director or Officer or director signing this document (and who is listed in number 12 above) affirms that the that he or she is aware that false information submitted in a document to the Department of the Departmen			
14	netsurer Secretary			
	(Typed or printed name and especity of person signing application)			

H11000291693

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE NOVEMBER 11, 2011

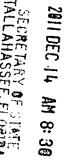
TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

#### I DO HEREBY CERTIFY THAT,

### UNITED GILSONITE LABORATORIES

Is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.







IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Centification Number: 9902932-1 Verify this certificate online at http://www.corporations.state.pa.ua/com/soskb/verify.asp

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