

F120000000730

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:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Please retain original filing
date of submission 2/15

****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

Niagara LaSalle Corporation

Certificate of Status	0
Certified Copy	1
Page Count	05 U
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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MRD 2/17/12



February 16, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: NIAGARA LASALLE CORPORATION
REF: W12000009309

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.

Please verify the address for the registered agent. Should it be 1200 instead of 1300?

If you have any further questions concerning your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000041036
Letter Number: 912A00007232

RE-SUBMIT

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date of submission 2/15

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Niagara LaSalle Corporation

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:

David Chess, Controller

Name of Person

Niagara LaSalle Corporation

Firm/Company

1412 - J56th Street

Address

Hammond, IN 46327

City/State and Zip code

dchess@niag.com

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

For further information concerning this matter, please call:

David Chess

at (877) 289-2277

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:

☐ \$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

**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. Niagara LaSalle Corporation

(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. 16-1270059

(FEI number, if applicable)

4. 3/7/1986

(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. 1412 E 150th Street Hammond, IN 46327

(Principal office address)

1412 E 150th Street Hammond, IN 46327

(Current mailing address)

8. manufacturing of cold finished steel bars

(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: C T Corporation 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.

C T Corporation System

By:

Connie Bryan
(Registered agent's signature)

Connie Bryan
Assistant Secretary

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

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

A. DIRECTORS

Chairman: Mordechai Korf

Address: 1412 E 150th Street Hammond, IN 46327

Vice Chairman: _____

Address: _____

Director: Uriel Lober

Address: 1412 E 150th Street Hammond, IN 46327

Director: _____

Address: _____

B. OFFICERS

President: Frank Archer

Address: 1412 E 150th Street Hammond, IN 46327

Vice President: Michael Ivelich

Address: 1412 E 150th Street Hammond, IN 46327

Secretary: Anthony J. Verkruyse

Address: 1412 E 150th Street Hammond, IN 46327

Treasurer: Anthony J. Verkruyse

Address: 1412 E 150th Street Hammond, IN 46327

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. Anthony J. Verkruyse, Secretary/Treasurer

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

Delaware

The First State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NIAGARA LASALLE CORPORATION" 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 FOURTEENTH DAY OF FEBRUARY, A.D. 2012.

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.

2085225 8300

120168471

You may verify this certificate online
at corp.delaware.gov/authver.shtml



Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9364590

DATE: 02-14-12