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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: DUKAL 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:
Richard Kinsella
Name of Person
Dukal Corporation
Firm/Company
2 Firstwood Cover 5. D
Address  Ronkonkoma, Ny 11779  EE E T
City/State and Zip code  Bhinsella@dukal.cum
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard Kinsella at (631) 656-3800 ext 113  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 Certified Copy \$87.50 Filing Fee, 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. Corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"

"Inc." "Corp." "Inc." "Corp." "Inc." "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transact.    New York	dicable)  o exist or "perpetual")
(Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liab  2 Fleetwood NY 11779  (Principal office address)  Same  (Current mailing address)  Sales of Disposable Medical Ploducts  (Purpose(s) of corporation authorized in home state or country to be carried out in state of I.  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	o exist or "perpetual")
(Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liab  2 Fleetwood NY 11779  (Principal office address)  Same  (Current mailing address)  Sales of Disposable Medical Ploducts  (Purpose(s) of corporation authorized in home state or country to be carried out in state of I.  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	o exist or "perpetual")
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liab  2 Fleetwood NY 11779  (Principal office address)  Same  (Current mailing address)  Sales of Disposable Medical Ploducts  (Purpose(s) of corporation authorized in home state or country to be carried out in state of I  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liab  2 Fleetwood NY 11779 (Principal office address)  Same (Current mailing address)  Sales of Disposable Medical Ploducts (Purpose(s) of corporation authorized in home state or country to be carried out in state of I  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	ity)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liab  2 Fleetwood NY 11779 (Principal office address)  Same (Current mailing address)  Sales of Disposable Medical Ploducts (Purpose(s) of corporation authorized in home state or country to be carried out in state of I  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	ity)
2 Fleetwood NY 11779  [Principal office address]  Same  (Current mailing address)  Sales of Disposable Medical Ploducts  (Purpose(s) of corporation authorized in home state or country to be carried out in state of I  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	ity)
Same (Current mailing address)  Sales of Disposable Medical Products (Purpose(s) of corporation authorized in home state or country to be carried out in state of I  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Same  (Current mailing address)  Sales of Disposable Medical Products  (Purpose(s) of corporation authorized in home state or country to be carried out in state of I  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
(Current mailing address)  Sales of Disposable Medical Products  (Purpose(s) of corporation authorized in home state or country to be carried out in state of I  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
	orida) ALCANO
Calair a Lind	ANN ASSI
Name: Gloria Ling	PH CFPLC
office Address: 13401 Mc Cormick Drive	7.00 2015 2015 2015 2015 2015 2015 2015 20
Tampa FL 3362C, Florida (Zip code)	ومثلات

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 complete 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.

(Registered agent's signature)

<sup>11.</sup> 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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Director: Address: Director: Address: \_ **B. OFFICERS** President: Gerard Lo Duca V.P. Operations John Grasso Secretary: V.P. Sales and marketing Ellenmary Martin Address: Source NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Richard J. Kinsella Jr. Chief Financial Officer
(Typed or printed name and capacity of person signing application)

## State of New York **Department of State**

I hereby certify, that the Certificate of Incorporation of DUKAL CORPORATION was filed on 11/04/1991, 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. I further certify the following:

- A Biennial Statement was filed 12/23/1992.
- A Biennial Statement was filed 11/05/1993.
- A Biennial Statement was filed 11/20/1997.
- A Biennial Statement was filed 12/29/1999.
- A Biennial Statement was filed 11/16/2001.
- A Biennial Statement was filed 11/19/2003.
- A Biennial Statement was filed 01/12/2006.
- A Biennial Statement was filed 11/29/2007.
- A Biennial Statement was filed 11/06/2009.
- A Biennial Statement was filed 03/02/2012.

I further certify that no other documents have been filed by such corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 08th day of June two thousand and twelve.

Daniel Shapiro

First Deputy Secretary of State