## F13000001582

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| <b>(</b> ,                              |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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|   |

Office Use Only



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TRAPRIL AMID: 46

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J. SHAPE APR 12 2013



| ION SERVICE COMPANY"                               |  |
|--|--|
| ACCOUNT NO. : 12000000195                          |  |
| REFERENCE : 606542 7802940                         |  |
| AUTHORIZATION: Somebole man                        |  |
| COST LIMIT : \$ 70.00                              |  |
| ORDER DATE: April 10, 2013                         |  |
| ORDER TIME: 9:48 AM                                |  |
| ORDER NO. : 606542-005                             |  |
| CUSTOMER NO: 7802940                               |  |
|  |  |
| FOREIGN FILINGS                                    |  |
|  |  |
| NAME: KATENA PRODUCTS, INC.                        |  |
|  |  |
| XXXX QUALIFICATION (TYPE: CO)                      |  |
|  | المساد اليان ا<br>المساد |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:    | SELVINE<br>VALLANE   |
| CERTIFIED COPY                                     |  |
| XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |  |
|  | S 40<br>S 40<br>E H  |
|  | 8: 5.<br>STATE   |
| CONTACT PERSON: Susie Knight EXT# 52956            | > O  |

EXAMINER:

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

|                                       | KATENA                                      | troducts,                      | IJC, " "COMPANY," "CORPORATION,"  |                 |
|---------------------------------------|---|--------------------------------|---|-----------------|
| Enter name of c<br>Inc.," "Co.," "C   | orporation; must incluorp," "Inc," "Co," or | nde "INCORPORATEÓ,<br>"Corp.") | " "COMPANY," "CORPORATION,"   |                 |
| f name unavail                        | able in Florida, enter                      | alternate corporate name       | adopted for the purpose of transacting busine                                   | ess in Florida) |
|                                       |   | . , ,                          | •   |                 |
| State or country                      | under the law of whic                       | h it is incorporated)          | 22-2086818<br>(FEI number, if applicable)                                       |                 |
| /0/                                   | 13/1975                                     | 5                              | (Duration: Year corp. will cease to exist or                                    |                 |
| (Date                                 | 3/1975<br>e of incorporation)               |                                | (Duration: Year corp. will cease to exist or                                    | r "perpetual")  |
|                                       |   | 4/1/2013                       |   |                 |
|                                       |   |                                | n Florida, if prior to registration) 502, F.S., to determine penalty liability) |                 |
|                                       | •   | _                              | DENVILLE NJ 07830   | 1               |
|                                       | 7 01 80                                     | (Principal office add          | Iress)  | 1               |
|                                       |   | SAUG                           | ·   |                 |
| · · · · · · · · · · · · · · · · · · · |   | (Current mailing add           | lress)  | *****           |
|                                       | _   |                                |   |                 |
|                                       | JALES S                                     | DLICITATION                    |   |                 |
| (Purpose(s                            | s) of corporation author                    | orized in home state or co     | ountry to be carried out in state of Florida)                                   | ≥g              |
| Name and stree                        | et address of Florida                       | registered agent: (P.0         | O. Box NOT acceptable)  | ALL STATES      |
| Name:                                 | Corporatio                                  | n Service Comp                 | pany  | 25 (E)          |
| ice Address:                          | 1201 Hays S                                 | Street                         |   |                 |
|                                       | Tallahassee                                 | 2                              | , Florida <u>32301</u><br>(Zip code)  |                 |
|                                       |   | (City)                         | (Zip code)  |                 |

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.

Sue G. Knight

(Registered agent's signature)

(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.

| 12. Names and ourmess addresses of officers and/of directors.   |                                       |         |
|---|---------------------------------------|---------|
| A. DIRECTORS  |                                       |         |
| Chairman: R. Scott SCHAFLER   |                                       |         |
| Address: 200 PARK Ave   |                                       |         |
| New York NY   |                                       |         |
| Vice Chairman:  |                                       |         |
| Address:  |                                       |         |
| Director: WILLIAM FRIEDBIRG   |                                       |         |
| Address: 4 STEWART CORT   |                                       |         |
| DENISHE NJ 07834  |                                       |         |
|   |                                       |         |
| 700 Page 110  |                                       |         |
| New York NY   |                                       |         |
| B. OFFICERS   |                                       |         |
| President: WILLIAM FRIEDBARG  |                                       |         |
| Address: 4 STEWART COURT  |                                       |         |
| DENNILE NJ 07834  |                                       |         |
| Vice President: LOHN BENDIER  | 3                                     | <u></u> |
| Address: 4 STEWART COURT  |                                       | PP      |
| DENVILLE NJ 07834   | ##<br>##                              |         |
| Secretary: BINDER (Sec above)   | しな<br>正規                              |         |
|   | RIDA                                  | 5       |
| Treasurer: BENDISC (See above)  |                                       |         |
| Address:  |                                       |         |
| NOTE: If necessary, you may attach an addendum to the application listing a   | 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 are true and that he or she is aware that false information submitted in a document a third degree felony as provided for in s.817.155, F.S. |                                       |         |
| 14. John Barder P CFO   |                                       |         |
| (Typed or printed name and capacity of person signing   | ng application)                       |         |

## **COVER LETTER**

| TO: New Filing 3                               | Section Corporations   |                                      |   |                    |
|--|--|--------------------------------------|---|--------------------|
| SUBJECT:                                       |  | PRODUCTS,                            | INC.  |                    |
| SUBJECT:                                       |  | ration - must include suf            |   |                    |
| Dear Sir or Madam:                             |  |                                      |   |                    |
| "Certificate of Exist                          | ication by Foreign Corporation<br>ence," or "Certificate of Goo<br>reign corporation to transact | d Standing" and check ar             |   |                    |
| Please return all corr                         | respondence concerning this  | matter to the following:             |   |                    |
|  | CAROL LINDQUI  | 57                                   |   |                    |
|  |  | ne of Person                         |   |                    |
|  | KATEJA PROD<br>Firm  | JETS, INC.                           |   |                    |
|  | Firm   | n/Company                            |   |                    |
|  | 4. STEWART   | Address  UT 078  (tate and Zip code  |   |                    |
|  | \  | Address                              |   |                    |
|  | DENVILLE   | NJ 078                               | 34  |                    |
|  | City/S   | tate and Zip code                    |   | <del></del>        |
|  | CAROLPIKATE  | NA. COM                              |   |                    |
|  | E-mail address: (to be   | used for future annual re            | port notification)  | Ep.                |
| For further informat                           | ion concerning this matter, p  | lease call:                          |   |                    |
|  | _  | 0.0                                  |   | 20 24 -<br>20 24 - |
| CAROL LINI                                     | Son at (   | <del>73 <sub>)</sub> 989-11</del>    | 600   |                    |
| Name of Pe                                     | rson   | Area Code & Daytime To               | elephone Number   | OF STATE           |
| New Filing S<br>Division of C<br>Clifton Build | Corporations<br>ding<br>tive Center Circle   | New Fili<br>Division<br>P.O. Box     | ng ADDRESS:<br>ng Section<br>of Corporations<br>a 6327<br>see, FL 32314 |                    |
| Enclosed is a check                            | for the following amount:  |                                      |   |                    |
| \$70.00 Filing Fee                             | e S78.75 Filing Fee & Certificate of Status  | \$78.75 Filing Fee<br>Certified Copy |   | of Status &        |

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

### KATENA PRODUCTS, INC.

0100004976

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on October 3, 1975.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Corporation Service Company 830 Bear Tavern Road West Trenton, NJ 08628

CREAT SPACE OF THE CARLES AND ASSOCIATED ASSOCIATED AND ASSOCIATED ASSOCIATED ASSOCIATED ASSOCIATED AND ASSOCIATED ASSOCI

Certification# 128009923

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of April, 2013

Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR StandingCert/JSP/Verify Cert.jsp