F1300004797

(Re	questor's Name)			
,				
(Ad	dress)			
(Ad	dress)	······································		
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
(20	• • • • • • • • • • • • • • • • • • • •			
Certified Copies Certificates of Status				
Special Instructions to I	Filing Officer:			

Office Use Only

647-W130005475



700252094497

89/30/13--01061--018 **70.00

13 NOV -4 PM 2: 48

11/5/13

COVER LETTER

TO: New Filing S Division of C						
SUBJECT: AA	N Products	Inc.				
			- must include suffix			
Dear Sir or Madam:						
	ence," or "Certifica	te of Good Star	Authorization to Transanding" and check are subsess in Florida.			
Please return all corr	espondence concer	ning this matte	r to the following:			
Andre Wool	ery					
		Name of	Person			
AAW Produc	cts Inc.					
		Firm/Con	npany			
825 Brickell	Bay Drive,	Suite 24	6			
		Addr	ess			_
Miami, FL 33	3131					
		City/State a	nd Zip code			
info@magnog	grip.com					
	E-mail addre	ss: (to be used	for future annual report	notification)		
For further information	on concerning this	matter, please	call:			
Andre Woole	ery	at (305	330-6863			
Name of Person Area Code & Daytime Telephone Number					널	
		aa		DDD	13 NOV	VISION
	STREET/COURIER ADDRESS: MAILING ADDRESS: New Filing Section New Filing Section		7- AO	4173 4173		
Division of C	Corporations		Division of C	orporations	₽	300
Clifton Build	ling ive Center Circle		P.O. Box 6327 Tallahassee, FL 32314		308 S. J.	
Tallahassee,			i attanassee, i	1. 32314	PH 2: 48	ATIC
Enclosed is a check f	or the following an	nount:				SNO
\$70.00 Filing Fee	\$78.75 Fili Certificate		\$78.75 Filing Fee & Certified Copy	S87.50 Fi	te of Stat	



October 1, 2013

ANDRE WOOLERY 825 BRICKELL BAY DRIVE SUITE 246 MIAMI, FL 33131

SUBJECT: AAW PRODUCTS INC. Ref. Number: W13000054475

We have received your document for AAW PRODUCTS INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 913A00023019

JIVISION OF CORPORATIONS

13 NOV -4 PM 2: 1.8



October 30, 2013

Florida Department of State **Division of Corporations** Ms. Claretha Golden P.O. Box 6327 Tallahassee, Florida 32314

Re: Letter Number 913A00023019

Dear Ms. Golden:

As requested in Letter Number 913A00023019, we have obtained a Certificate of Good Standing from the State of California's Secretary of State which is included with this correspondence.

Please note that this is the original certificate we received from the Secretary of State of California and upon submission of this document we look forward to recognition as a Corporation doing business in Florida.

Thank you for your attention in this mater.

If there are any questions or concerns, please feel free to contact us at 305-330-6863 or info@magnogrip.com.

Best regards,

Nadine Williams-Shim

Office Manager

enc.

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.

(Enter name of co	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	o," "COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business	in Floric	ia)
California	·			,
L	under the law of which it is incorporated)	(FEI number, if applicable)		
12/20/20	05	5. Perpetual		
7	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
8/27/2013	3			
0.		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		- 1 - 1 -
₇ 825 Bricke	ell Bay Drive, Suite 246, M	Miami, FL 33131		
<i>1</i>	(Principal office ad			
825 Bricke	ell Bay Drive, Suite 246, Mi	ami, FL 33131		
	(Current mailing ad	dress)		
Man	والمراجع والمراجع والمتعارض والمراجع وا	ale and water area.		
o	Ifacturer and distributor of hand to of corporation authorized in home state or co		- ·	_ ₹″
	-	·	NON E	
9. Name and stree	t address of Florida registered agent: (P	O. Box NOT acceptable)	- 10	
Name:	Andre Woolery		÷	
Offic A 44	825 Brickell Bay Drive, Suite	246	PH	300
Office Address:			2:	STA RA
	Miami	, Florida 33131	æ	35E
	(City)	(Zip code)		क
Having been nam designated in this further agree to co	application, I hereby accept the appoint	vice of process for the above stated corporal tment as registered agent and agree to act it relative to the proper and complete perforn of my position as registered agent.	n this c	apacity.

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 business addresses of officers and/or directors: A. DIRECTORS SECRETARY OF STATE **Chairman:** Andre Woolery 13 NOV -4 PM 2: 48 Address: 825 Brickell Bay Drive, Suite 246 Miami, FL 33131 Vice Chairman: Address: ____ **B. OFFICERS** President: Andre Woolery Address: 825 Brickell Bay Drive, Suite 246 Miami, FL 33131 Vice President: Address: Secretary: Andre Woolery Address: 825 Brickell Bay Drive, Suite 246, Miami, FL 33131 Treasurer: 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. Andre Woolery, President

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

State of California Secretary of State

CERTIFICATE OF STATUS

FILED SECRETARY OF STATE JIVISICH OF CORPORATIONS

13 NOV -4 PM 2: 48

ENTITY NAME:

AAW PRODUCTS INC.

FILE NUMBER:

C2821855

FORMATION DATE:

JURISDICTION:

12/20/2005

TYPE:

DOMESTIC CORPORATION

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 19, 2013.

DEBRA BOWEN Secretary of State