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(Address)

(Address)

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(Business Entity Name)

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14 MAR -7 PM 12:06
SECRETARY OF STATE
DIVISION OF CORPORATIONS

3/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HAYES-IVY MANUFACTURING, INC.

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:

PETER H. KNIGHT

Name of Person

HAYES-IVY MANUFACTURING, INC.

Firm/Company

200 SW FIRST AVENUE, SUITE 960

Address

FORT LAUDERDALE, FL 33301

City/State and Zip code

pk@himi-products.com

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

For further information concerning this matter, please call:

PETER H. KNIGHT at (**800**) **523-9460**

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. **HAYES-IVY MANUFACTURING, INC.**

(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. **NEW JERSEY**

(State or country under the law of which it is incorporated)

3. **22-1831574**

(FEI number, if applicable)

4. **6/21/1967**

(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. **200 SW FIRST AVENUE, SUITE 960, FORT LAUDERDALE, FL 33301**

(Principal office address)

200 SW FIRST AVENUE, SUITE 960, FORT LAUDERDALE, FL 33301

(Current mailing address)

8. **SALES OFFICE**

(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: **PETER H. KNIGHT**

Office Address: **200 SW FIRST AVE., STE 960**

FORT LAUDERDALE

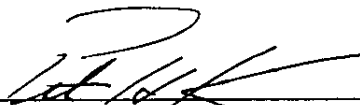
(City)

, Florida **33301**

(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.



(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.

14 MAR -71 PM 12:06
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: PETER H. KNIGHT

Address: 1431 N FORT LAUDERDALE BEACH BLVD

FORT LAUDERDALE, FL 33304

Vice President: _____

Address: _____

Secretary: IVY KNIGHT

Address: 6415 WILLOW RUN DR, NEW TRIPOLI, PA 18066

Treasurer: IVY KNIGHT

Address: 6415 WILLOW RUN DR, NEW TRIPOLI, PA 18066

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. PETER H. KNIGHT, PRESIDENT

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

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
SHORT FORM STANDING**

HAYES-IVY MFG., INC.

4464538500

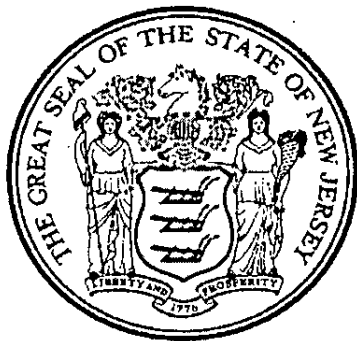
With the Previous or Alternate Name
UNITED SERVICE CO. (Alternate Name)

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 June 21, 1967.

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 the registered agent and registered office are:

*The Corporation Trust Company
820 Bear Tavern Road
West Trenton, NJ 08628*



Certificate Number: 131389449

Verify this certificate online at

http://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
4th day of March, 2014*

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

*Andrew P. Sidamon-Eristoff
State Treasurer*