**ℱ14000003548**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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DIVISION OF CORPORATIONS
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 AUG 22 AM 9: 01

3/25 ᵒⁿ

**CSC.**

CORPORATION SERVICE COMPANY

ACCOUNT NO.    :   I20000000195

REFERENCE    :   267946        5159894

AUTHORIZATION    :

COST LIMIT    :   $ 70.00

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ORDER DATE :  August 22, 2014

ORDER TIME :   1:44 PM

ORDER NO.   :  267946-005

CUSTOMER NO:    5159894

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FOREIGN FILINGS

NAME:    VOXXHIRSCHMANN CORPORATION

XXXX  QUALIFICATION    (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____  CERTIFIED COPY
XX_____  PLAIN STAMPED COPY
_____  CERTIFICATE OF GOOD STANDING

CONTACT PERSON:  Courtney Williams -- EXT# 62935

EXAMINER: _____

# 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. VOXXHIRSCHMANN 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. _____

(FEI number, if applicable)

4. JANUARY 2, 2014

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2822 Commerce Park Drive, Suite 400, Orlando, FL 32819

(Principal office address)

180 Marcus Blvd., Hauppauge, NY 11788

(Current mailing address)

8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee , Florida 32301

(City) (Zip code)

9. **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.*

Corporation Service Company

Stephanie Milnes
Asst. Vice President

By: _Stephanie Milnes_

(Registered agent's signature)

10. 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.

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

## A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

Director: Charles M. Stoehr
_____

Address: 180 Marcus Blvd.
_____

Hauppauge, NY 11788

Director: Loriann Shelton
_____

Address: 180 Marcus Blvd.
_____

Hauppauge, NY 11788

## B. OFFICERS

President: Ludwig Geis
_____

Address: 180 Marcus Blvd.
_____

Hauppauge, NY 11788

Vice President: Charles M. Stoehr
_____

Address: 180 Marcus Blvd.
_____

Hauppauge, NY 11788

Secretary: Loriann Shelton
_____

Address: 180 Marcus Blvd., Hauppauge, NY 1189898
_____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____
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.

13. Charles M. Stoehr, Vice President
_____
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VOXXHIRSCHMANN 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 TWENTY-SECOND DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VOXXHIRSCHMANN CORPORATION" WAS INCORPORATED ON THE SECOND DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5458930 8300

141101630

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

Jeffrey W Bullock, Secretary of State

AUTHENTICATION: 1642657

DATE: 08-22-14