Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| Note: DO NOT | hit the REFRESH/RELOAD button on your browser from th<br>Doing so will generate another cover sheet.                 | is page. | 14        |  |
|--------------|--|----------|-----------|--|
| To:          | Division of Corporations Fax Number : (850)617-6381  |          | OCT 10    | m tempuja ja<br>ali<br>ali<br>a her ang<br>gal ali<br>aj<br>aj |
| From:        | Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368 |          | AH II: 36 |  |

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: |  |
|-------|----------|--|
|       |          |  |

## FOREIGN PROFIT/NONPROFIT CORPORATION

Waxman Industries, Inc.

MEICEIVED 14 OCT 10 PM 3:21 SECRETARY UF STATE ELAHASSEE, FLORIDA

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
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Corporate Filing Menu

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MD 10/13

| COVER LETTER   |
|--|
| TO: New Filing Section Division of Corporations  |
| SUBJECT: WAXMAN INDUSTRIES, 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:  |
| Name of Person  JENNIFER DEEL  |
| WAXMAN INDUSTRIES, IRITO/Company   |
| Address  |
|  |
| 24460 AURORA ROAD BEOFORD HEIGHTS, OH 44146  |
| City/State and Zip code  |
| LDEELE WAXMANIND. COM E-mail address: (to be used for future annual report notification)   |
|  |
| For further information concerning this matter, please call:   |
| JENNIFER DEEL a1 (440 ) 439-1830 X3557   |
| Name of Person Area Code & Daytime Telephone Number  |
| STREET/COURIER ADDRESS: MAILING ADDRESS:   |
| New Filing Section New Filing Section  |
| Division of Corporations Division of Corporations  |
| Clifton Building P.O. Box 6327   |
| 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301   |
| Enclosed is a check for the following amount:  |
| S70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy 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. WAXMAN INDUSTRIES, INC., (Eitter 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. DEAWARE (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 10171989 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

(Principal office address)

|                      | (Current mailing address)                   |                  |            |
|----------------------|---|------------------|------------|
| 8. Name and street a | ddress of Florida registered agent: (P.O. B | ox <u>NOT</u> ac | ccptable)  |
| Name: _              | C T Corporation System                      | _                |            |
| Office Address:      | 1200 South Pine Island Road                 | _                |            |
| _                    | Plantation                                  | , Florida        | 33324      |
| _                    | (City)                                      |                  | (Zip code) |

= 2-1460 ALLURA RUAD BEDGED HEIGHTS OH

24460 AURORA ROAD BEDGED HEIGHTS

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.

| By: | C T Corporation System | Dr               | The            | Jordan Brown, Assistant Secretary<br>CT Corporation System |
|-----|------------------------|------------------|----------------|--|
|     |                        | (Registered agen | t'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  |
| A. DIRECTORS  Chairman: MELVIN WAXMAN   |
| Address: 24460 AURORA RD. BEDGORD HEIGHTS, OH 44146 =   |
| Vice Chairman: AR HOND WAXMAN   |
| Address: 24460 AURDRA RO. BEDFORD HEIGHTS, OH 44146   |
| Director: LAURENCE WAXMAN   |
| Address: 24460 ALRORA RD, BEDFORD HEIGHTS, OH 44446   |
| Director: JUDY ROBINS   |
| Address: ZHYGO AURCEA RO, BEOFORD HEIGHTS, OH YHIGG   |
| B. OFFICERS  President: LAURENCE WAXMAN   |
|   |
| Address: 24460 AURORA RD BEDFORD HEIGHTS OH 44146   |
| Vice President: MAUREEN CRAWFORD  |
| Address: 24460 ALLEORA RD, BEDFORD HELLISHTS, OH YUNG   |
| Secretary: MARIL WESTER   |
| Address: 24460 ALRORA RO BEOFGED HEIGHTS OF 4446  |
| Treasurer:  |
| Address:  |
| 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. |
| 13. MAUREEN CRAUBED, VICE PLESIDENT  (Typed or printed name and capacity of person signing application)   |

## Delaware

PACE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBEY CERTIFY "WAXMAN INDUSTRIES, INC." 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 TENTH DAY OF OCTOBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

2211888 8300

141280447

You may verify this certificate online at corp.doleware.gov/authver.abtml

Jeffrey W. Bullock, Secretary of State

NTICATION: 1770810

DATE: 10-10-14