Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

Prom:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone 1 (850)205-8842 Fax Number : (850)878-5368

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 HEXOL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

COVER LETTER

TO: New Filing Section Division of Corporation	9		·
SUBJECT: Hexol, Inc.	•		
	Name of corporation	- must include suffix	
Dear Sir or Madam:		,	
The enclosed "Application by F- "Certificate of Existence," or "C above referenced foreign corpora	ertificate of Good Stan	ding" and check are sub	
Please return all correspondence	concerning this matter	to the following:	
Carol Tomlinson			
	Name of I	ствол	
Hexol, Inc.			
	Firm/Comp	any	
1106 4th Avenue			
	Addre	39	·
Napa, CA 94559			
	City/State ar	d Zip code	
cjtom@comcast.net			
E-ma:	i address; (to be used it	or future annual report n	outication)
For further information concerni	ng this matter, please c	ıl ı ;	
George Bean	_{st} 530	702-5255 ode & Daytims Telepho	
Name of Person	Area C	ode & Daytims Telepho	ns Number
STREET/COURIER A New Filing Section	ddr is s:	MAILING AI New Filing Sec	
Division of Corporations Division of Corporations			
Cijiton Building 2661 Executive Center C	·lusta	P.O. Box 6327	
Tallahassee, FL 32301	dicio	Talighaszee, FI	- 34914
Enclosed is a check for the follow	ving amount:		
	.75 Filing Fee & 🗍 tificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 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 POREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

California		3.	adopted for the purpose of transacting business in Flori	ida)	
	undar the law of which it is incorporated		(FEI number, if applicable)		
4. <u>07/15/192</u>		5.	perpetual		
•	of incorporation)		(Duration: Year corp. will ocase to exist or "perpetut	al")	
, NA	(Date State to support harden		Plorids, if prior to registration)		
	(SEE SECTIONS 607.1501 & 60)7.15	102, F.S., to determine penalty liability)		
1106 4th A	Avenue, Napa, CA 9455	9			
	(Principal office	addı	eds)		
1106 4th A	venue, Napa, CA 94559				
	(Current mailing	nddr	res)	<u>3</u> 2	$\vec{\sigma}$
					MAX
. Name and street	address of Florida registered agent:	(P.C	D. Box NOT acceptable)	建 分	7
Name:	NRAI services, Inc.				
office Address:	1200 South Pine Island Ro	ad		an Unita	Ä
71100 11441010.	Plantation		33324	写記	Ċ
	(City)		(Zip code)	95	ā
	(City) nt's acceptance:		Zip code)	₩ •	1

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 pusiness addresses of diffects and/or difectors;			
A. DIRECTORS			
Chairman: Carol Tomlinson			
Address: 1106 4th Avenue, Napa, CA 9455			-
Address:			-
			-
Vice Chairman:			_
Address:			
			-
		_	-
Director:	· · · · · · · · · · · · · · · · · · ·		-
Address:			_
	_		_
Director:			
Address:			-
Address;			-
			-
B. OFFICERS			
President:			_
Address:			
			•
	N AI		•
Vice President:		<u> </u>	-
Address:	22 100	<u>동</u>	# 15***p**¢
	\$5.5°		- Janes
Secretary:		77 -	<u>.</u> [T)
Address:	F (S)	.⊒⊈ .ce	
	37. E	<i>□</i>	•
Treasurer:	٠		•
Address:	4 		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or dis	rectors.		
12. Cardonlina			
Signature of Director or Officer The officer and director signing this decrease (and who is listed in purchas 12 shows affirm that the first of the significant is a significant of the			-
The officer or director signing this document (and who is listed in number 12 above) affirms that the fact are true and that he or she is aware that false information submitted in a document to the Department of 8	s since dons	erein titutes	
a third degree felony as provided for in s.817.155, P.S.			
Garol J. Tomlinson			

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

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

HEXOL, INC.

FILE NUMBER: FORMATION DATE: C0124701 07/15/1927

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 March 12, 2015.

ALEX PADILLA
Secretary of State

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