# F/50001324

(Re	equestor's Name)			
(Ac	ddress)			
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(Ci	ty/State/Zip/Phone #	)		
PICK-UP	☐ WAIT	MAIL		
(Ви	usiness Entity Name	<u> </u>		
(Do	ocument Number)	<del></del>		
Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only



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SUCRETARY OF STATE
AND SEEL, FLORID

MAR 3 0 2015' S. GILBERT

### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: PECO Pallet 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:
Christine Carbone
Name of Person
PECO Pallet Inc.
Firm/Company
2 Bridge Street
Address
Irvington, NY 10533
City/State and Zip code
ccarbone@pecopallet.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christine Carbone at (914 ) 233-0229  Name of Person Area Code & Daytime Telephone Number
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 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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		·
	11 1 20 11	adama d Carolina hua	inene in Floride)	_
(If name unavailable in Florida, enter alternate corporate name		30-0423802		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)  Perpetual		
				_
	•	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	•	•
2 Bridge Street Irvington, NY 10533		. SE <b>5</b>	ì	
(Principal office address)			A H	<del>.</del> .,
2 Bridge Street Irvington, NY 10533		20 R	' :.	
•	(Current mailing add	ress)	333S	معر
Mouse and store	at address af Planida manistanad agents (D.	O. Pare NOT acceptable)	AM II:	1
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)			ē.,	
Name:	CT Corporation Syste		90	
fice Address: 1200 South Pine Island Road				
	Plantation	, Florida 33324		
	(City)	(Zip code)		

9. Registered agent's acceptance:

DECO Pallet Inc

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.

Jenifer Vincent

Vice President & Assistant Secretary

(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: See Addendum attached.	
A. DIRECTORS	
Chairman:	
Address:	
· · · · · · · · · · · · · · · · · · ·	
Vice Chairman:	
Address:	
•,	
Director:	
Address:	
Director:	
Address:	
,	
B. OFFICERS	
President:	
Address:	
· .	
Vice President:	
Address:	
· · · · · · · · · · · · · · · · · · ·	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach are 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 here are true and that he or she is aware that false information submitted in a document to the Department of State constit a third degree felony as provided for in s.817.155, F.S.	
(Typed of printed name and capacity of person signing application)	

#### Addendum to Question #11

#### A. Directors

Chairman: J.B. Pritzker

Address: 111 South Wacker Drive

**Suite 4000** 

Chicago, Illinois 60606

**Director: Anthony Pritzker** 

11111 Santa Monica Blvd

**Suite 1650** 

Los Angeles, California 90025

**Director: Fred Mayerson** 

312 Walnut Street

**Suite 1151** 

Cincinnati, Ohio 45202

**Director: David Rosen** 

111 South Wacker Drive

**Suite 4000** 

Chicago, Illinois 60606

#### **B.** Officers

**President: David Lee** 

2 Bridge Street

Suite 210

Irvington, NY 10533

#### Secretary & Treasurer:

Tom Kuczmarski 2 Bridge Street

Suite 210

Irvington, NY 10533

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PECO PALLET, 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 TWENTY-FOURTH DAY OF

MARCH, A.D. 2015.

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.

4359069 8300

150400078

Jeffrey W. Bullock, Secretary of State

AUTHENT CATION: 2227698

DATE: 03-24-15

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