F1500000 401/

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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SEP 11 2015 N. CAUSSEAUX

COVER LETTER

то:	Registration Section Division of Corporations						
	Manufacturers Edge, Inc.						
Name of corporation - must include suffix							
_							
Dear S	ir or Madam:						
"Certif	sclosed "Application by Foreign Conficate of Existence," or "Certificate referenced foreign corporation to the	of Good Stan	ding" and check are sub				
	return all correspondence concerni el Caringi	ing this matter	to the following:				
		Name of I	Person				
Manuf	acturers Edge, Inc.						
		Firm/Com	pany				
5044 Ii	ndustrial Road Suite C						
		Addre	SS				
Farmir	gdale, NJ 07727						
		City/State ar	id Zip code				
Invoice	es@pumpcatalog.com						
	E-mail address	: (to be used to	or future annual report n	otification)			
For fur	ther information concerning this m	atter, please c	all:				
Michael Caringi 732		732	2233222				
		at (Daytime Teleph	Name Niverbox			
	Name of Person	Area Code	: Daytime Telepa	ione Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
Enclos	ed is a check for the following amo	ount:					
☐ \$70	.00 Filing Fee	•	\$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. N	Aanufacturers E	Edge, Inc.			
(E		orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	N,"	
(I)	f name unavaila	able in Florida, enter alternate corporate name a	adopted for the purpose of transacti	ng business in Florida)	
	(State or country under the law of which it is incorporated) 10/2/1998		223611526 (FEI number, if applicable) 5.		
(
۳۰	(Date	of incorporation)	(Date of duration, if other than perpetual)		
7. <u></u>		(SEE SECTIONS 607.1501 & 607.15 oad Suite C. Farmingdale, NJ 07724 (Princip	al office address)		
		(Current mailin	g address, if different)		
8. N	ame and <u>stree</u> Name:	et address of Florida registered agent: (P.C Michael Caringi). Box <u>NOT</u> acceptable)	2015 Aug SECRETA TALLAHAS	
Offic	ce Address:	3211 SE Saint Lucie Blvd.		RY OF	
		Stuart	34997 , Florida	PH ::	
		(City)	(Zip code)	\$ 22 25 26 27	

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.

(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: Vice Chairman: Address: Director: ____ Address: Director: _ Address: _ **B. OFFICERS** Brian Atnes President: 5044 Industrial Road Suite C. Farmingdale, NJ 07727 Address: Michael Caringi Vice President: 3211 SE Saint Lucie Blvd. Stuart, FL 34997 Address: Secretary: ___ Address: 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 11 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. rian 13.

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

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

MANUFACTURERS EDGE INC

0100759992

With the Previous or Alternate Name

TRI-STATE PUMP, INC. (Previous Name)
TRI-STATE PUMP INC. (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 October 2, 1998.

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 that the registered agent and registered office are:

Michael A Caringi 5044 Industrial Raod Unit C Farmingdale, NJ 07727 2015 Aug (3) PM SECRETARY OF STALLAHASSEE, FL

IN TESTIMONY WHERE In have hereunto set my hand and ffixed my Official Seal at Trenton, into 18th day of August, 2015



Certification# 137097539

Robert a. Comano

Robert A Romano
Acting State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp