

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.

(((H16000017658 3)))



	To:	Division of Co	orporation : (850)6	is 17-6383	)lea!	se retain original fi
	From:	Account Name Account Number Phone Fax Number	: C T CO r : FCA000 : (850)2	RPORATION 000023 05-8842	.dat	e of submission 山
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Electronic Filing Menu

Corporate Filing Menu

Help

1/25/2016 12:50:12 PM From: To: 8506176383( 2/6 ) 850-817-8381

1/22/2016 8:51:54 AM PAGE 1/001 Fax Server

January 22, 2016

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

C T CORPORATION SYSTEM

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SUBJECT: HURRICANE ACQUISITION CORP. REF: W16000004367

## \*RE-SUBMIT\* Please retain original filing date of submission 1/21

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Corporation," "Inc.," or "Corp." Sections 617.0401(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The document number of the name conflict is P05000090138.

Please return your document, along with a copy of this letter, within 50 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II FAX Aud. #: H16000017658 Letter Number: 616A00001418

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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Hurricane Acquisition Corp.	
	n - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good State above referenced foreign corporation to transact business."	nding" and check are submitted to register the
Please return all correspondence concerning this matte	r to the following:
Liela Morad	·
Name of	Person
Kirkland & Etlis	
Firm/Con	pany
300 N. LaSalle Street	
Addr	ess
Chicago, IL 60654	
City/State a	nd Zip code
dmattscheck@icpgroup.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please of	SECRE TO
at (	
Name of Person Area Cod	
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
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, 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.

1	uisition Corp. Corporation; must include "INCORPORATED	" "COMBANY " "CODDODATION "			
"Inc.," "Co" "(	Corp," "Inc," "Co." or "Corp.")	COMPANT, CORPORATION,			
Polyfoam Prod	nets Corp.				
(If name unavai	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)			
Delware	3	81-1107945			
	ry under the law of which it is incorporated)	(FEI number, if applicable)			
01/12/2016	· 5.				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
February 1, 201	6				
		n Florida, if prior to registration)			
160 D		502, F.S., to determine penalty liability)			
. 150 Dascomb Ro	ad, Andover, MA 01810				
	(Princi	pul office address)			
		·			
		pal office address) ng address, if different)			
	(Current maili	ng address, if different)			
. Name and stree	(Current maili	ng address, if different)			
. Name and <u>stre</u>	(Current maili	ng address, if different)  O. Box NOT acceptable)			
Name:	(Current maili	ng address, if different)  O. Box NOT acceptable)			
Name:	(Current mailiet address of Florida registered agent; (P.t.) C. T. Corporation System	ng address, if different)  O. Box NOT acceptable)			
	(Current mailiet address of Florida registered agent; (P.C.C.T. Corporation System  1200 South Pine Island Road	O. Box NOT acceptable)  ASSET  Florida  (Zin code)			
Name: Office Address:	(Current maili et address of Florida registered agent: (P.t C T Corporation System 1200 South Pine Island Road Plantation, FL 33324 (City)	O. Box NOT acceptable)  ABOUT ACCEPTABLE  ABOUT ACCEPTABLE  ABOUT ACCEPTABLE  (Zip code)  (Zip code)			
Name:  Office Address:  Registered ag	(Current maili et address of Florida registered agent: (P.t C T Corporation System  1200 South Pine Island Road  Plantation, FL 33324  (City) ent's acceptance:	O. Box NOT acceptable)  ASSET AND			
Name:  Office Address:  Registered againg been namelesignated in this	(Current maili et address of Florida registered agent: (P.t. C.T. Corporation System  1200 South Pine Island Road  Plantation, FL 33324  (City) ent's acceptance: ed as registered agent and to accept serve application, I hereby accept the appoints	ng address, if different)  O. Box NOT acceptable)  A SECTION 1  O. Box NOT acceptable)  Florida  (Zip code)  (Zip code)  ice of process for the above stated corporation at the placement as registered agent and agree to act in this capacity			
Name: Office Address: Registered agilaving been namelesignated in this	(Current maili et address of Florida registered agent: (P.t. C.T. Corporation System  1200 South Pine Island Road  Plantation, FL 33324  (City) ent's acceptance: et as registered agent and to accept serve application, I hereby accept the appointment of the provisions of all statutes in the serve apply with the provisions of all statutes in the comply with the provisions of all statutes in the comply with the provisions of all statutes in the complex with the provisions of all statutes in the complex with the provisions of all statutes in the complex with the co	ng address, if different)  O. Box NOT acceptable)  Florida  (Zip code)  ice of process for the above stated corporation at the placement as registered agent and agree to act in this capacity relative to the proper and complete performance of my			
Name: Office Address: Registered agilaving been namelesignated in this	(Current maili et address of Florida registered agent: (P.t. C.T. Corporation System  1200 South Pine Island Road  Plantation, FL 33324  (City) ent's acceptance: ed as registered agent and to accept serve application, I hereby accept the appoints	ng address, if different)  O. Box NOT acceptable)  ASSET  ASSET  O. Box NOT acceptable)  Florida  (Zip code)  Cice of process for the above stated corporation at the placement as registered agent and ugree to act in this capacity relative to the proper and complete performance of my fmy position as registered agent.			
Name:  Office Address:  Registered agilaving been namelesignated in this farther agree to c	(Current maili et address of Florida registered agent: (P.C. C.T. Corporation System  1200 South Pine Island Road  Plantation. FL 33324  (City) ent's acceptance: ed as registered agent and to accept serve application, I hereby accept the appoints omply with the provisions of all statutes is amiliar with and accept the obligations of	ng address, if different)  O. Box NOT acceptable)  ASSET  ASSET  O. Box NOT acceptable)  Florida  (Zip code)  Cice of process for the above stated corporation at the placement as registered agent and ugree to act in this capacity relative to the proper and complete performance of my fmy position as registered agent.			

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:

rman:			
GRM:			
Chairman:			
екк:			
Donglas Mattscheck			****
150 Dascomb Road, Andover, MA 01950			
Steven McMenamin		<u></u>	
150 Dascomb Road, Andover, MA 01950			
PFFICERS  Denials Matischeck			
Douglas Mattscheck  150 Dascomb Road, Andover, MA 01950			^
President: Steven McMensmin			
ISO Descomb Read Andover MA 01950	l.re(T)	2016	
SS:	- 1 V	2	
Steven McMenamin	<u> </u>		1
150 Dascomb Road, Andover, MA 01950	<u> </u>	D	- [ +
Steven McMenamin	Sr	, <u>œ</u>	<del></del>
150 Discomb Road, Andover, MA 01950	₽ñ.	ر ا	
E: If necessary, you may attach an addendum to the application listing addendum to the application lis		<del></del>	
rricer of director signing this document (and who is listed in aumber 14 at it and that he or she is aware that false information submitted in a document degree felony as provided for in \$.817.155, F.S.			
Pouglas Mattscheck, President			

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# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "HURRICANE ACQUISITION CORP." 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-FIRST DAY OF JANUARY, A.D.

2016.

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

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

Authentication: 201709240

Date: 01-21-15

5934084 8300 SR# 20160335309

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