

	(Requestor's Name)						
	(Address)						
	(Address)						
	(City/State/Zip/Phone #)						
	PICK-UP WAIT MAIL						
	(Business Entity Name)						
(Document Number)							
Certifie	1 Copies Certificates of Status						
Speci	al Instructions to Filing Officer:						
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ECRETARY OF STATE

JAN 29 2016

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COVER LETTER

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TO: Registration Section Division of Corporation	ns				
ΛΙΙ Λιος	perion in Da	Jul Com	_		
SUBJECT: All All	<u> 1erican Pc</u>			 ,	
	Name of corporation	n - must inclu	de suffix	·	
Dear Sir or Madam:			·		
The enclosed "Application by F "Certificate of Existence," or "Cabove referenced foreign corporates."	Certificate of Good Sta	anding" and ch	eck are submi		
Please return all correspondence					
ZEKE Roseni	Jacob An	-1: Die	Domecina	n. +	
ZC: Robert	Name o	EDaman	reportin	EW 1	
All American P	bly Corp.	r Person			
<i>r</i>	Firm/Co	mpany All	AMERICAN	POLV	
110 10000000000000000000000000000000000			TURNER PL	ACE ·	
40 Turner place	5 ,	PISC	ATAWAY, N.	108054	
·	Add	ress			
Piscathway, New	W. Jusey 08	1854	· · · · · · · · · · · · · · · · · · ·		
		and Zip code			
ZEKER AH AM	DOLY, COM			eke@allampoly.com	
E-ma	il address: (to be used	for future ann	ual report not	fication)	
T 0 11 1 0 11			••		
For further information concern	ing this matter, please	call:	TEL#732-75	2-3200 XT 1124	
ZEKE	at (73)	752-	3200 x	T 1124	
Name of Person	Area Co		time Telephor		
		٠	•		
STREET/COURIER A	ADDRESS:	M.	AILING ADD	RESS:	
Registration Section			Registration Section		
Division of Corporation	S	Division of Corporations			
Clifton Building P.O. Box 6327				,	
2661 Executive Center (Tallahassee, FL 32301	Circle	Tal	lahassee, FL	32314	
Enclosed is a check for the follo	wing amount:				
	3.75 Filing Fee & trificate of Status	\$78.75 Filin Certified Co	•	J \$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. All American Poly Corp.
(Enter name of corporation; must include 'INCORPORATED," "COMPANY," "CORPORATION,"
" nc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
(f name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New Jersey 3. NA
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/19710 5. perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. <u>UNIVITY (Date first transacted business in Florida, if prior to registration)</u>
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 110 Turner Place, Piscottway, New Jersey 08854 (Principal office address)
All American Poly ATTN: Bid Department 40 turner place, Piscat Away, NJ (Current mailing address, if different)
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: InCorp Services, Inc. Office Address: 17888 67th Court North
Office Address: 17888 67th Court North
Loxobatchee . Florida 33470
1. Santa 1.
9. I legistered 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
duti's, and I am familiar with and accept the obligations of my position as registered agent.
Lahi (1010)
Jackie DeFilippis on behalf of InCorp Services, Inc. (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	·
Chair nan:	
Addr ss:	
Vice Chairman:	·
Address:	
Director of Rids.	
Address: 40 Turner place	
Director:	
Addre ss:	- CO 60
	HE W
B. OFFICERS	RY ()
President: Jack KIEIN	.m., [1] [4
President: Jack KIEIN Address: 40 Turner Place, PiscatAway, NJ 08854	: 09 RIDA
Vice I resident: Neil KOENIG	
Address: 40 Turner Place, Piscat Ankry, N.) 0885	-/
Secret ury:	
Addre is:	
Treast rer:	
Addre s:	
NOTE: If necessary, you may attach an addenshum to the application listing additional off	icers and/or directors.
10	
Signature of Director or Officer	
The o ficer or director signing this document (and who is listed in number 11 above) affirr are true and that he or she is aware that false information submitted in a document to the D a third degree felony as provided for in s.817.155, F.S.	
13. ZEKE ROSENWASSER	
(Typed or printed name and capacity of person signing application	1)

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

ALL AMERICAN POLY CORP.

0100026823

With the Previous or Alternate Name

PARK POLY BAG CORP. (Previous 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 7, 1976.

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:

Jack Klein 40 Turner Place Piscataway, NJ 08854



Certification# 137652127

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 17th day of November, 2015

Joed M. Budden

Ford M Scudder
Acting State Treasurer

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