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2016 MAY 23 P 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 24 2016

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CCS Safety Solutions, 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:

Thomas Meadows

Name of Person

CCS Safety Solutions, Inc

Firm/Company

1300 Armstrong Dr., Suite 105

Address

Titusville, FL 32780

City/State and Zip code

CCS@CraneCentUSA.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Meadows

Name of Person

at (321)

Area Code

567-4524

Daytime Telephone 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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

**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. CCS Safety Solutions, INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

CCS Safety, Inc
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 81-2295096
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/14/16 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1300 Armstrong Dr., Suite 105
(Principal office address)

Same
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Nicole Rudenick

Office Address: 965 Cynthia Dr.

Titusville, Florida 32780
(City) (Zip code)

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.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Thomas Harold Meadows

Address: 5301 Cinnamon Fern Blvd
Cocoa, FL 32927

Vice President: _____

Address: _____

Secretary: Mary Margaret Meadows

Address: 5301 Cinnamon Fern Blvd, Cocoa FL 32927

Treasurer: Mary Margaret Meadows

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Thomas H Meadows
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.

13. Thomas H Meadows, President
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CCS SAFETY SOLUTIONS, 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 TENTH DAY OF MAY, A.D. 2016.




Jeffrey W. Bullock, Secretary of State

6014467 8300

SR# 20162913325

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

Authentication: 202293582

Date: 05-10-16