

**F1600002194**

Florida Department of State  
Division of Corporations  
Electronic Filing System

**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.**

((H16000239733 3)))



H16000239733ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : M. BURR KEIM COMPANY  
Account Number : I19990000242  
Phone : (215) 563-8113  
Fax Number : (215) 977-9386

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

FILED  
16 SEP 27 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Bar-Ray Products, Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

**D. SCOTT**

**SEP 28 2016**

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDAIN 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. Bar-Ray Products, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Pennsylvania 3. 11-0508873  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 19, 1993 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. October 1, 2016  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 90 East Lakeview Drive, Littlestown, PA 17340  
(Principal office address)
- SAME AS ABOVE  
(Current mailing address, if different)

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

Name: W. Bradley Munroe, Esq.

Office Address: 239 E. Virginia Street  
Tallahassee , Florida 32301  
(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.*

W. B. Munroe  
(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.

FILED  
16 SEP 27 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## II. Names and business addresses of officers and/or directors:

## A. DIRECTORS

Chairman: Jeffrey M. Stein  
 Address: 90 East Lakeview Drive  
 Littlestown, PA 17340

Vice Chairman: N/A  
 Address:

Director: Jeffrey M. Stein  
 Address: 90 East Lakeview Drive  
 Littlestown, PA 17340

Director: Mary C. Stein  
 Address: 90 East Lakeview Drive  
 Littlestown, PA 17340

## B. OFFICERS

President: Jeffrey M. Stein  
 Address: 90 East Lakeview Drive  
 Littlestown, PA 17340

Vice President: N/A  
 Address:

Secretary: Mary C. Stein  
 Address: 90 East Lakeview Drive, Littlestown, PA 17340

Treasurer: Mary C. Stein  
 Address: 90 East Lakeview Drive, Littlestown, PA 17340

NOTE: If necessary, you may attach an 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 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. Mary C. Stein, Secretary  
 (Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

09/06/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

BAR-RAY PRODUCTS, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written

*Pedro A. Contes*

Secretary of the Commonwealth

Certification Number: TSC160906100486-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>

FILED  
16 SEP 27 AM 11:07  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE