# F16000003356

(Re	questor's Name)				
(Address)					
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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### **COVER LETTER**

TO:	Registration Section				
	Division of Corporations Tri State Plastics Inc				
SUBJ	ECT:	-			
0000		of corporation	- must include suffix		
Dear S	Sir or Madam:				
"Certi	iclosed "Application by Foreign Clicate of Existence," or "Certificate referenced foreign corporation to	e of Good Star	ding" and check are sub		
	return all correspondence concer D Fries CPA	ning this matter	to the following:		
		Name of	Person		
Fries &	Associates, PC				
		Firm/Com	pany		
9103 N	1arshall Road				
		Addre			
Cranbe	rry Twp, PA 16066	71001			
		City/State a	nd Zin code		
keith@	friesassoc.com	on y orace a	ad Elp code		
	E-mail addres	ss: (to be used t	or future annual report n	notification)	
For fu	rther information concerning this	matter please		• '	
roi iu	titler information concerning this i	matter, piease c	an.	•	
Keith I	O Fries, CPA	724	742-2344	•	
	Name of Person	at ( Area Cod	) e	hone Number	
			,		
	STREET/COURIER ADDRES	SS:	MAILING A	DDRESS:	
Registration Section				Registration Section	
Division of Corporations			Division of Corporations		
Clifton Building 2661 Executive Center Circle			P.O. Box 6327 Tallahassee, FL 32314		
	Tallahassee, FL 32301		rananassee, r	L 32314	
Enclos	ed is a check for the following an	iount:			
<b>S</b> \$70	0.00 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. Tri State Plastics 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) 25-1159391 Pennsylvania 2. (State or country under the law of which it is incorporated) (FEI number, if applicable) July 1, 1965 (Date of duration, if other than perpetual) (Date of incorporation) July 2016 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 831 Railroad Street, Port Orange, FL 32129 (Principal office address) 392 Flaugherty Run Road, Moon Twp, PA 15108 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) John Clary Name: 4917 Bay Crest Drive Office Address: Tampa 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.

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 Micheal A Lopez Sr Chairman: 136 S Jamestown Road Address: Moon Township, PA 15108 Vice Chairman: Address: \_\_ Linda Lopez Director: 136 S Jamestown Road Address: Moon Twp, PA 15108 Director: \_ **B. OFFICERS** U Micheal A Lopez Sr President: 136 S Jamestown Road Address: Moon Township, PA 15108 Marc Lopez Vice President: 136 S Jamestown Road Address: Moon Township, PA 15108 Secretary: Address: \_ 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 fisted 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.

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

06/06/2016

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

### TRI-STATE PLASTICS, 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.

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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

Secretary of the Commonwealth

Certification Number: TSC160606141050-1

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