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(Re	equestor's Name)					
(Address)						
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(Ci	ty/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
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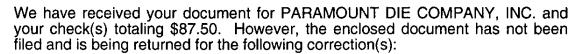
FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2017

MICHAEL SHEEHAN 1306 CONTINENTAL DR ABINGDON, MD 21007

SUBJECT: PARAMOUNT DIE COMPANY, INC.

Ref. Number: W17000015414



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," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Octavia I Simmons Regulatory Specialist II

Letter Number: 617A00003414

COVER LETTER

TO:	Registration Se					
	Division of Co	•				
CHD		OUNT DIE COMP	ANY, INC.			
SOBI	ECT:	Name	of corporation	n - nu	est include suffix	
		rame	or corporatio	1110	st merade surns	
Dear S	Sir or Madam:					
"Certi	ficate of Existend		e of Good Sta	anding	" and check are sub	t Business in Florida," mitted to register the
	return all corres AEL SHEEHAN	pondence concerr	ning this matt	er to th	e following:	
			Name o	f Perso	1)	
PARA	MOUNT DIE CO	MPANY, INC.				
		* 1111 18	Firm/Co:	mpany		
1306 C	CONTINENTAL D	RIVE				
			Add	ress		· · · ·
ABING	GDON MD 21007					
			City/State	and Zi	p code	W-000000000000000000000000000000000000
msheel	nan@paradie.com		•		•	
		E-mail addres	s: (to be used	for fu	ture annual report n	otification)
For fu	rther information	concerning this r	natter, please	call:		
Michael Sheehan 410 27		272-4600 x202				
			at ()		
	Name of Perso	n	Area Co	de	Daytime Teleph	one 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		
Enclos	ed is a check for	the following am	ount:			
□ \$70	0.00 Filing Fee	□ \$78.75 Filir Certificate			3.75 Filing Fee & tified 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. PARAMOUNT DIE COMPANY, INC. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Company ot (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) MARYLAND 52-0912000 (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) 09/12/2016 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1306 CONTINENTAL DRIVE ABINGDON MD 21009 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) DANIEL HOWARD Name: 711 SANDPIPER DRIVE Office Address: MIRAMAR BEACH (City) 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.

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

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	# 3
	<u>اُنْ</u>
Director:	• •
Address:	
	<u> </u>
B. OFFICERS RICHARD SARVER	
President: 1306 CONTINENTAL DRIVE	
Address:ABINGDON MD 21009	
	- 1914 - 1974
Vice President:	
Address:	
MICHAEL SHEEHAN Secretary:	
1306 CONTINENTAL DRIVE ABINGDON MD 21009 Address:	
MICHAEL SHEEHAN Treasurer:	
1306 CONTINENTAL DRIVE ABINGDON MD 21009	- j - 1110.00
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional of the property of the state of the s	fficers and/or directors.
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) affi are true and that he or she is aware that false information submitted in a document to the a third degree felony as provided for in s.817.155, F.S. MICHAEL SHEEHAN	rms that the facts stated herein Department of State constitutes
13. (Typed or printed name and capacity of person signing application)	on)

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PARAMOUNT DIE COMPANY, INC., INCORPORATED MARCH 19, 1971, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 29, 2016.

Michael L. Higgs

Deputy Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097