

F18000000421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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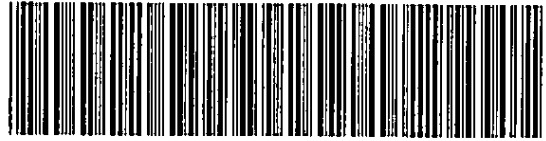
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/25/18--01021--001 **70.00

FILED
18 JAN 25 PM 3:34
JAN 25 2018
CLERK OF COURT
JAN 25 2018

S. WARREN

JAN 26 2018

COVER LETTER

TO: Registration Section
Division of Corporations
CEMENTEX PRODUCTS, INC.

SUBJECT: _____
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:
TRACY JOHNSON

CEMENTEX PRODUCTS, INC	Name of Person
650 JACKSONVILLE ROAD-PO BOX 1428	Firm/Company
BURLINGTON, NJ 08016	Address
tracy@cementexusa.com	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

TRACY JOHNSON	609-387-10	609-387-1040
_____	at (40 _____)	_____
Name of Person	Area Code	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:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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.*

CEMENTEX PRODUCTS, INC

1. _____
(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)
NEW JERSEY 22-2477325

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
11/17/1982

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
01/29/2018

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
650 JACKSONVILLE ROAD, BURLINGTON, NJ 08016

7. _____
(Principal office address)
650 JACKSONVILLE ROAD-PO BOX 1428, BURLINGTON, NJ 08016

(Current mailing address, if different)

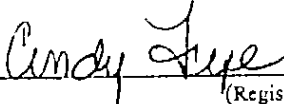
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
CINDY FYE

Name: _____
14545 NW 268 Street

Office Address: _____
High Springs 32643
_____, Florida _____
(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.

18 JAN 25 PM 3:34

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

A. DIRECTORS

Chairman: STEPHEN RUSSO
34 VINCENT DRIVE
Address: BURLINGTON, NJ 08016

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: TRACY JOHNSON
43 SUNFLOWER CIRCLE
Address: BURLINGTON, NJ 08016

Vice President: JEFFREY RUSSO
424 OAKLAND AVENUE
Address: MAPLE SHADE, NJ 08052

Secretary: TRACY JOHNSON
43 SUNFLOWER CIRCLE, BURLINGTON, NJ 08016

Treasurer: STEPHEN RUSSO
34 VINCENT DRIVE, BURLINGTON, NJ 08016
Address: _____

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

12. Tracy Ann Johnson
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. TRACY JOHNSON
(Typed or printed name and capacity of person signing application)

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

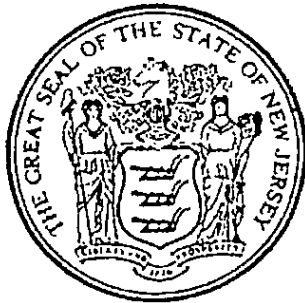
CEMENTEX PRODUCTS, INC.
0100181506

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on November 17, 1982.

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 office are:

STEPHEN H. RUSSO
34 VINCENT DRIVE
BURLINGTON, NJ 08016



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 19th day of January, 2018

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
Acting State Treasurer

Certificate Number : 6085443330

Verify this certificate online at

https://www1.state.nj.us/TSTR_StandingCertJSP/Verify_Cert.jsp