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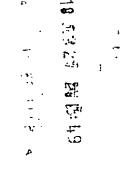
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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JUN 27 2018

- 212

COVER LETTER

TO:	Registration Section Division of Corporations				
SHRI	Galaxy Products Inc				
3015		ame of corporati	ion - mu	st include suffix	
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreig ficate of Existence," or "Certi- referenced foreign corporation	ficate of Good S	tanding`	and check are sub	
	return all correspondence cor	cerning this ma	iter to th	e following:	
Patrici	a A. Cherundolo				
		Name	of Perso	n	
Galaxy	v Products Inc				
4230 S	Simms Road	Firm/C	ompany		
		Ad	dress		
Lakela	and, FL 33810				
		City/State	and Zij	code	
webpa	tty@gmail.com				
	E-mail ad	dress: (to be use	d for fut	ure annual report	notification)
For fu	rther information concerning t	his matter, pleas	e call:		
Patricia A. Cherundolo 863			85	9-4101	
	Name of Person	at (Area C	<i>)</i> ode	Daytime Telep	hone Number
	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclos	ed is a check for the following	g amount:			
57 (-	Filing Fee & cate of Status		.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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	,"		
Galaxy Products	of Lakeland Inc				
(If name unavaila	ible in Florida, enter alternate corporate name ac	dopted for the purpose of transacting	g business in I	Florida	
Utah	itah 46-4427612				
(State or country January 3, 2014	(State or country under the law of which it is incorporated) January 3, 2014 (FEI number, if ap				
(Date	(Date of incorporation) 5(Date of duration, if other (
	•		p p	.,	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 Gtwy, Suite 600, South Jordan, Utat 84095	Florida, if prior to registration) 2, F.S., to determine penalty liabilit	ty)	1 0	
	,				
4230 Simms Roa	d, Lakeland, FL 33810	office address)	ه دسو	12. 13.	
· · ·	(Current mailing	g address, if different)	1	V.	
Name and stree	t address of Florida registered agent: (P.O.	. Box <u>NOT</u> acceptable)	·	٦. ع. ن	
Name:	Patricia A. Cherundolo		ò	Ų.	
ffice Address:	4230 Simms Road				
	Lakeland	, 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS-Chairman: Address: __ Vice Chairman: Address: ___ Director: _ Address: ___ Director: **B. OFFICERS** Patricia A. Cherundolo President: 4230 Simms Road Address: Lakeland, FL 33810 Patricia A. Cherundolo Vice President: 4230 Simms Road Address: _ Lakeland, FL 33810 Patricia A. Cherundolo Secretary: 4230 Simms Road Address: _ Patricia A. Cherundolo Treasurer: 4230 Simms Road, Lakeland, FL 33810 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 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.

(Typed or printed name and capacity of person signing application)



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Solt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3594 Utab Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

06/14/2018 8900587-014206142018-1394605

CERTIFICATE OF EXISTENCE

Registration Number:

8900587-0142

Business Name:

GALAXY PRODUCTS, INC

Registered Date:

January 03, 2014

Entity Type:

Corporation - Domestic - Profit

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Harry Berg

Kathy Berg Director

Division of Corporations and Commercial Code

W18000057863 PATRICH A. CHERUNDOLO ATTN: JUDY