

# F19000000219

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
Armaly Sponge Company

**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:  
Ann Marie Armaly

\_\_\_\_\_  
Name of Person  
Armaly Sponge Company

\_\_\_\_\_  
Firm/Company  
PO Box 611

\_\_\_\_\_  
Address  
Walled Lake, MI 48390-0611

\_\_\_\_\_  
City/State and Zip code  
amarmaly@armalybrands.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann Marie Armaly                      248                      669-2100  
\_\_\_\_\_  
Name of Person                      at (                      )                      \_\_\_\_\_  
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:

- ☒ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$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.*

Armaly Sponge Company

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Armaly-Brands

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
Michigan 38-2264607

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
02/26/1979

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
12/20/2018

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
1900 Easy St., Commerce Township, MI 48390

7. \_\_\_\_\_  
(Principal office address)  
PO Box 611, Walled Lake, MI 48390-0611  
\_\_\_\_\_  
(Current mailing address, if different)

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

Name: NRAI Services Inc

Office Address: 1200 South Pine Island Road

Plantation 33324  
\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

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**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.*



Christine Kelm  
Assistant Secretary

(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: N/A

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

Vice Chairman: N/A

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

Director: John Armaly

Address: P O Box 611

Walled Lake, MI 48390

Director: Gilbert Armaly

Address: P O Box 611

Walled Lake, MI 48390

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B. OFFICERS

President: John Armaly Jr.

Address: P O Box 611

Walled Lake, MI 48390

Vice President: Gilbert Armaly

Address: P O Box 611

Walled Lake, MI 48390

Secretary: Ann Marie Armaly

Address: P O Box 611, Walled Lake, MI 48390

Treasurer: Ann Marie Armaly

Address: P O Box 611, Walled Lake, MI 48390

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

12. [Signature]  
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.

3. Ann Marie Armaly - Secretary/Treasurer  
(Typed or printed name and capacity of person signing application)

11. Additional Directors – Armaly Brands

Ann Marie Armaly  
PO Box 611  
Walled Lake, MI 48390

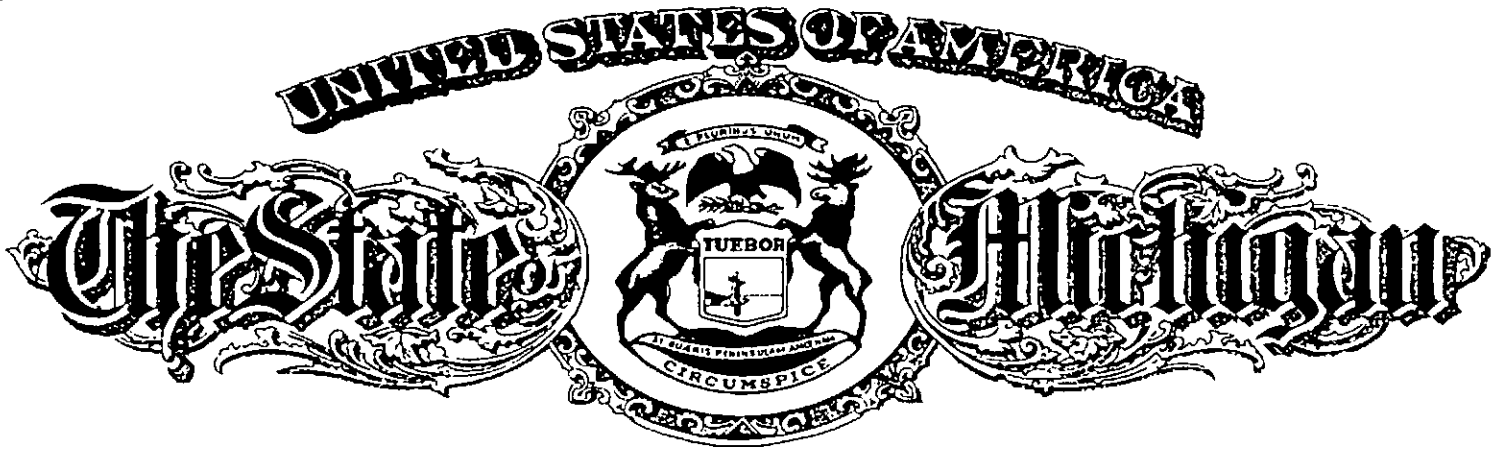
Brian Baldwin  
2203 NW Harvard Walk  
Bentonville, AR 72712

Jack D. Mickle  
11126 Bothwell St  
Richmond, VA 23233

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Department of Licensing and Regulatory Affairs

Lansing, Michigan

*This is to Certify That*

**ARMALY SPONGE COMPANY**

*was validly incorporated on February 26 , 1979 as a Michigan DOMESTIC PROFIT CORPORATION,  
and said corporation is validly in existence under the laws of this state.*

*This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation  
is in good standing in Michigan as of this date and is duly authorized to transact business and for no other  
purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit  
given it in every court and office within the United States.*



Sent by electronic transmission

Certificate Number: 19010171040

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 4th day of January , 2019.*

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau