

F19000000291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

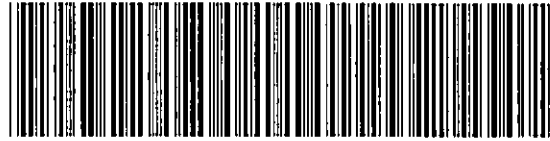
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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TALL  
ATTORNEY  
CORPORATE

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COMMONS  
JAN 17 2019

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.Incserv.com  
e-mail: info@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
Division of Corporations, Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE** 1/16/2019

**PRIORITY** Routine

**OUR REF # (Order ID#)** 714389

**ORDER ENTITY**  
STAEDTLER, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
STAEDTLER, INC. ( FL )

File the attached foreign qualification document

**NOTES:**  
\$70.00 Authorized  
Email address for annual report reminders: Jean@clasinfo.com

**RETURN/FORWARDING INSTRUCTIONS:**  
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "VSB".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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.*

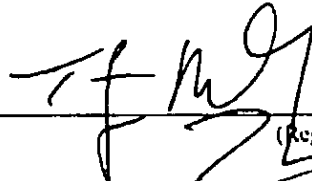
1. STAEDTLER, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NEW JERSEY 3. 22-1543085  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. OCTOBER 22, 1953 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 8335 WINNETKA AVE., #7, WINNETKA, CA 91306  
(Principal office address)
- \_\_\_\_\_  
(Current mailing address, if different)

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

Name: Timothy M. Gomez  
Office Address: 941 North Palmetto Avenue  
Sanford Florida 32771  
(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.*

 Timothy M. Gomez  
(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: Timothy M. Gomez

Address: 541 North Palmetto Ave., Suite 104

Sanford, FL 32771

Director: \_\_\_\_\_

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

B. OFFICERS

President: TIMOTHY M. GOMEZ

Address: 541 NORTH PALMETTO AVE., SUITE 104

SANFORD, FL 32771

Vice President: TIMOTHY M. GOMEZ

Address: 541 NORTH PALMETTO AVE., SUITE 104

SANFORD, FL 32771

Secretary: ROBERT F. KULL

Address: 541 NORTH PALMETTO AVE., SUITE 104, SANFORD, FL 32771

Treasurer: HERMANN BRAUN

Address: 541 NORTH PALMETTO AVE., SUITE 104, SANFORD, FL 32771

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

12.

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. TIMOTHY M. GOMEZ, PRESIDENT/CHIEF EXECUTIVE OFFICER/EXECUTIVE

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

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

**STAEDTLER, INC.**

5149885000

*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 October 22, 1953.*

*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:*

LEGALINC CORPORATE SERVICES INC.  
301 ROUTE 17 NORTH  
SUITE 800 # 12-40  
RUTHERFORD, NJ 07070



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
15th day of January, 2019*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6094265664

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)