

F19000000856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

FEB 20 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 635919 7805452

AUTHORIZATION

COST LIMIT \$ 70.00



ORDER DATE : February 15, 2019

ORDER TIME : 9:55 AM

ORDER NO. : 635919-005

CUSTOMER NO: 7805452

FOREIGN FILINGS

NAME: AMSCO WEAR PRODUCTS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations
AMSCO WEAR 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:
SHARON MORRIS

Name of Person
AMSCO WEAR PRODUCTS, INC.

Firm/Company
50 NORTH CHURCH STREET SUITE 201

Address
GOSHEN, NY 10924

City/State and Zip code
SHARON.MORRIS@AMSCO.US

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

For further information concerning this matter, please call:

SHARON MORRIS 845 294-1600

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:

- ☐ \$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.*

AMSCO WEAR 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 YORK 06-1402197

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
7/29/94

4. _____ 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)
50 NORTH CHURCH STREET, SUITE 201, GOSHEN, NY 10924

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company
By: Emily Croft Emily Croft
Asst. Vice President
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

KAREN BORIN

President: _____

9 SMITH ROAD

Address: _____

GOSHEN, NY 10924

SHARON MORRIS

Vice President: _____

76 ARMSTRONG ROAD

Address: _____

WANTAGE, NJ 07461

SHARON MORRIS

Secretary: _____

76 ARMSTRONG ROAD, WANTAGE, NJ 07461

Address: _____

SHARON MORRIS

Treasurer: _____

76 ARMSTRONG ROAD, WANTAGE, NJ 07461

Address: _____

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

12. Sharon Morris

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.

SHARON MORRIS, VICE PRESIDENT

13. _____

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

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TALLAHASSEE, FLORIDA

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of AMSCO WEAR PRODUCTS INC. was filed on 07/29/1994, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 15th day of February
two thousand and nineteen.*

Whitney Clark
Deputy Secretary of State

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TALLAHASSEE, FLORIDA