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FOREIGN PROFIT/NONPROFIT CORPORATION

Hamon Corporation

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K. SALY

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.

(State or country under the law of which it is incorporated) July 12, 1979 (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 46 East Main Street, Suite 301; Somerville, NJ 08876 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System 1200 South Pine Island Road	SECOND TAILLA
(Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 46 East Main Street, Suite 301; Somerville, NJ 08876 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System	19 TE
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 16 East Main Street, Suite 301; Somerville, NJ 08876 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name:	SE CONTRACTOR
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 46 East Main Street, Suite 301; Somerville, NJ 08876 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System	TAILL D
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 46 East Main Street, Suite 301; Somerville, NJ 08876 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System	TALLA SEGUE
(Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name:	S
(Current mailing address, if different) Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name:	
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System	
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: CT Corporation System	- F. T.
Name: CT Corporation System	SEE
Name: CT Corporation System	TS.
	ORIGINA
	P
Flantation 33324	•
Plantation , Florida 33324 (Zip code)	
Registered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated corporation	on at the p
signated in this application, I hereby accept the appointment as registered agent and agree to act in the Ther agree to comply with the provisions of all statutes relative to the proper and complete performan	this capac
ries, and I am familiar with and accept the obligations of my position as registered agent.	ance of my
By: Marquel & Kristered agent's signature) CT Corporation System Special 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	ASSEE, FL
Chairman: Director: Bernard Goblet	
Address: Place Maurice HAMON rue Emile Francqui 2 · B-1435 Mont-Saint-Guibert Belgium	
Vice Chairman:	
Address:	
Director: Christian LeClereq	
Address: Place Maurice HAMON rue Emile Francqui 2 B-1435 Mont-Saint-Guibert Belgium	
Director: Michele Viebos	
Address: Place Maurice HAMON rue Emile Francqui 2 · B-1435 Mont-Saint-Guibert Belgium	
B. OFFICERS President: Joseph DeMartino Address: 46 East Main Street, Suite 301; Somerville, NJ 08876	
Vice President: Robert A. Recio	
Address: 46 East Main Street, Suite 301, Somerville, NJ 08876	
and the second s	
Secretary: Robert A. Recio	
Address: 46 East Main Street, Suite 301, Somerville, NJ 08876	
P. Nathan Rolfe Treasurer:	
Address: 46 East Main Street, Suite 301, Somerville, NJ 08876	
NOTE: If necessary, you may attach an addendum to the application listing additional of	ficers and/or directors.
12. Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 above) affir are true and that he or she is aware that false information submitted in a document to the I a third degree felony as provided for in s.817.155, F.S.	
13. Robert A. Recio, Vice President	
(Typed or printed name and capacity of person signing application	n)



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HAMON CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

875781 8300 SR# 20191103551 Authentication: 202278112

Date: 02-18-19

You may verify this certificate online at corp.delaware.gov/authver.shtml