

15/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000123391 3)))



H190001233913ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

File second, please process this filing **AFTER** the withdrawal with fax audit# H19000123376 has been completed.

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
NORMAC KITCHENS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

2019/04/15 PM 12:23

FILED
19 APR 16 AM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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. Normac Kitchens, Inc.

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

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

2. Delaware

(State or country under the law of which it is incorporated)

3. 431649579

(FEI number, if applicable)

4. 12/22/1999

(Date of incorporation)

5. Perpetual

(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. 226 South Main Street, Oakboro, NC 28129

(Principal office address)

same

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(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.

C T Corporation System

By: 

Sarah Revelle-Asst. 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.

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

19 APR 16 AM 1:42

FILED

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

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

BIANCA MARCUS

Address: _____

59 GLEN CAMERON ROAD,
THORNHILL ONTARIO L3T 1N9

Director: _____

Address: _____

B. OFFICERS

President: Don Robinson

Address: 226 South Main Street

Oakboro, NC 28129

Vice President: _____

Address: _____

Secretary: Hans Marcus

Address: 59 Glen Cameron Road, Thornhill, ON

Treasurer: Hans Marcus

Address: 59 Glen Cameron Road, Thornhill, ON

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. _____

BIANCA MARCUS -Director

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

FILED
19 APR 16 AM 1:42
TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

- 1 Full Name: Hans Marcus
Officer/Director: Officer, Director
Officer's Title: Treasurer/CFO/Secretary
Director's Title: Director
Business Address: 59 Glen Cameron Road
City: Thornhill
State: ON
ZIP Code:
- 2 Full Name: Andrew Marcus
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 59 Glen Cameron Road
City: Thornhill
State: ON
ZIP Code:
- 3 Full Name: Bianca Marcus
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 59 Glen Cameron Road
City: Thornhill
State: ON
ZIP Code:

FILED
19 APR 16 AM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

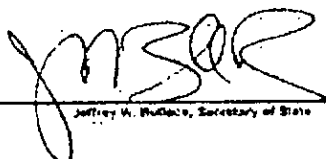
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NORMAC KITCHENS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF MARCH, 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.

FILED
19 APR 16 AM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

3148010 8300

SR# 20191828077

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

Authentication: 202396323

Date: 03-07-19