

F19000002097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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5/1/19 DS



JOBSITE ENCLOSURE & CONTAINMENT SOLUTIONS

April 11, 2019

Patricia Altmann
Branch Manager
OIA GLOBAL
11250 NW 25th Street
Suite 124
Miami, Florida 33172

Re: Florida Department of State application

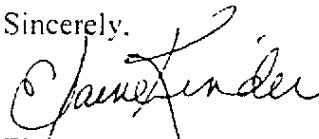
Dear Patricia:

As per the email notification provided by Robert Giannetti, enclosed please find our application to the Florida Department of State. Please sign page 3 where indicated as our registered agent and mail in the enclosed envelope.

Please add postage and we will reimburse OIA. Please request proof that the item was mailed and provide same to us.

Thank you.

Sincerely,



Elaine Kinder

Corporate Headquarters/Distribution Center:
240 West Parkway, Pompton Plains, NJ 07444

Houston Distribution Center:
1610 Greens Road, Suite 410, Houston, Texas 77032

California Distribution Center:
15927 Distribution Way, Cerritos, CA 90703

Phone: 973-831-1555
Toll-Free: 1-800-950-6999
Fax: 973-831-1525
www.strongman.com

**SAFETY FIRST
GO STRONG**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRONG MAN SAFETY PRODUCTS CORPORATION
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:

ELAINE KINDER
Name of Person
STRONG MAN SAFETY PRODUCTS CORPORATION
Firm/Company
240 W. PARKWAY
Address
POMPTON PLAINS, NJ 07444
City/State and Zip code
ELAINE K @ STRONGMAN.COM
E-mail address: (to be used for future annual report notification)

2015 03 21 A 1:59 PM
RECEIVED

For further information concerning this matter, please call:

ELAINE KINDER at (973) 831-1555
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.

1. STRONG MAN SAFETY PRODUCTS CORPORATION
(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. 13 2786073
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/17/88 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11250 NW 25TH ST. (SUITE 124); MIAMI, FL 33172
(Principal office address)
240 W. PARKWAY; POMPTON PLAINS, NJ 07444
(Current mailing address, if different)

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

Name: OIA GLOBAL

Office Address: 11250 NW 25TH ST #124

MIAMI, Florida 33172
(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.

[Signature] Tim Seth CFO EVP
(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: Jay Kinder

Address: 240 W. Parkway
Pompton Plains, NJ 07444

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jay Kinder

Address: 240 W. Parkway
Pompton Plains, NJ 07444

Vice President: _____

Address: _____

Secretary: ELAINE KINDER

Address: 240 W. Parkway Pompton Plains, NJ 07444

Treasurer: ELAINE KINDER

Address: 240 W. Parkway Pompton Plains, NJ 07444

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

12. Jay Kinder
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. Jay Kinder PRESIDENT

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

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

**STRONG MAN SAFETY PRODUCTS CORPORATION
0100380422**

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 June 17, 1988.

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:

**ELAINE KINDER
240 WEST PARKWAY
POMPTON PLAINS, NJ 07444**

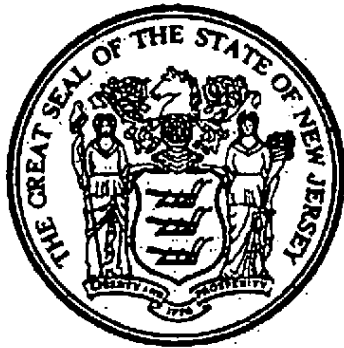
I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

REVOKED FOR FAILURE TO PAY ANNUAL REPORTS	02/16/1999
CHANGE OF REGISTERED AGENT	02/16/2001
REINSTATED (ANNUAL REPORTS)	04/16/2001
CHANGE OF AGENT AND OFFICE	05/01/2006
CHANGE OF REGISTERED OFFICE	05/13/2009
NAME CHANGE	07/22/2014
ANNUAL REPORT FILING WITH OFFICER/MEMBER CHANGE	04/08/2019

2019-04-08 14:00
V. 1.0
P. 1.0

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

**STRONG MAN SAFETY PRODUCTS CORPORATION
0100380422**



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
8th day of April, 2019*

Elizabeth Maher Muoio

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 2396639844

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

ONLY FORM AVAILABLE
NO RAISED SEAL

2019 APR 8 11:50 AM

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
ANNUAL REPORT CERTIFICATE**

STRONG MAN SAFETY PRODUCTS CORPORATION
0100380422

The Division of Revenue and Enterprise Services hereby affirms that the following annual report for STRONG MAN SAFETY PRODUCTS CORPORATION was submitted on 04/08/2019 for the year: 2019

Registered Agent and Office

ELAINE KINDER
240 WEST PARKWAY
POMPTON PLAINS, NJ 07444

Main Business Address

240 WEST PARKWAY
POMPTON PLAINS, NJ 07444

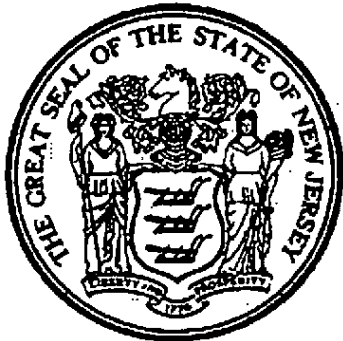
Principal Business Address

240 WEST PARKWAY
POMPTON PLAINS, NJ 07444

Officers and Directors

PRESIDENT
JAY KINDER
78 ROBIN HOOD WAY
WAYNE, NJ 07470

TREASURER
ELAINE KINDER
78 ROBIN HOOD WAY
WAYNE, NJ 07470



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal, this
8th day of April, 2019

Elizabeth Maher Muoio

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 2396639791
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp