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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

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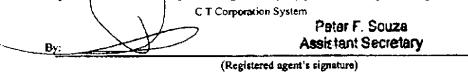
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting bus	iness in Florida)
Delaware		3. 38-4092503	
(State or count) 7/10/2018	y under the law of which it is incorporated)	(FEI number, if applicab	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
44 Whippany Ro	ad - Suite 300D, Morristown, NJ 07960 (Principal)	I office address)	
*	(Current mailing	address, if different)	(2) (4) (5)
Name and street	et address of Florida registered agent: (P.O	Box NOT acceptable)	
Name:	C T Corporation System		و
55 A J A	1200 South Pine Island Road		ب
ffice Address:			_
mice Address:	Plantation,	. Florida 33324	7.0

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.



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. DIR	ECTORS			
Chairman	u		-	
Address:	· · · · · · · · · · · · · · · · · · ·			
Vice Cha	irman:			
Address:				
Director:	Robert Wessman			
Address:	44 Whippany Road, Suite 300D, Morristown, NJ 07960			
Director:	Lisa Graver			
Address:	44 Whippany Road - Suite 300D			
	Morristown, NJ 07960			
B. OFF	ICERS .			
President:	Lisa Graver			
Address:	44 Whippany Road - Suite 300D			
	Morristown, NJ 07960	~=		
Vice Presi	ident:	n; p		
Address:		:	·	
·		<u>2</u>	3	-
Secretary:	Andrea Sweet			•
Address:	44 Whippany Road, Suite 300 D, Morristown, NJ 07960	9.	*	
Treasurer:	Lumtunie Zaku	2		
	44 Whippany Road, Suite 300D, Morristown, NJ 07960			
NOTE:	If necessary, you shay attach an addendum to the application listing additional officers and/or direct	ctors.		
The offic are true a a third de	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts s nd that he or she is aware that false information submitted in a document to the Department of Stal gree felony as provided for in s.817.155, F.S. Graver - President			
ر	(Typed or printed name and capacity of person signing application)			



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ALMAJECT, 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 SIXTEENTH DAY OF MAY, 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.

6969743 8300
SR# 20194001830
You may verify this certificate online at corp.delaware.gov/authver.showl

Authentication: 202837940

Date: 05-16-19