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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Dusiness Entry Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 842703 4355894

AUTHORIZATION

COST LIMIT :

ORDER DATE : July 15, 2019

ORDER TIME : 11:26 AM

ORDER NO. : 842703-005

CUSTOMER NO: 4355894

FOREIGN FILINGS

NAME: MYRON CORP

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: ____

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|---------------|---|--|-------------|
| SURI | Myron Corp | | |
| JUDG | | tion - must include suffix | _ |
| Dear S | Sir or Madam: | | |
| "Certi | | for Authorization to Transact Business in Florida," Standing" and check are submitted to register the siness in Florida. | |
| | return all correspondence concerning this ma Hadjis | atter to the following: | |
| | Name | e of Person | |
| Myror | і Согр | | |
| | Firm/C | Company | |
| 205 M | aywood Avenue | | |
| | A | ddress | |
| Mayw | ood NJ 07607 | | |
| - | City/Sta | ite and Zip code | |
| ehadji | s@myron.com | | |
| | E-mail address: (to be us | sed for future annual report notification) | |
| For fu | rther information concerning this matter, plea | ase call: | |
| Emily | Hadjis 201 at (| | |
| | 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 | |
| Enclo | sed is a check for the following amount: | | |
| \$ \$7 | 0.00 Filing Fee | ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee Certified Copy ☐ Certificate of Sta | |

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.

| | | orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.") |)," | "COMPANY," "CORPORATION," | | |
|----------|---|---|-------------|---|---|------------------------|
| | Myron Corp-Flo | rida | | | | |
| | (If name unavaila | ble in Florida, enter alternate corporate name | c 11 | dopted for the purpose of transacting busine | ss in Florida | a) |
| 2. | New Jersey | 2 | ! | 22-3754015 | | |
| 2. 4. | (State or country 09/18/2000 | y under the law of which it is incorporated) | | (FEI number, if applicable) |) | |
| 4. | (Date of incorporation) 5. (Date of duration, if other than pe | | | | | |
| 6. 7 | | (SEE SECTIONS 607.1501 & 607. | 15 | Florida, if prior to registration) 02, F.S., to determine penalty liability) al office address) | 100 g g g g g g g g g g g g g g g g g g | Park The College |
| - | ··· | (Current mai | lin | g address, if different) | • | |
| 8. | Name and <u>stree</u> Name: | et address of Florida registered agent: (P Corporation Service Company | P.O | e. Box <u>NOT</u> acceptable) | * ************************************ | ~;; C |
| Of | fice Address: | 1201 Hays Street | | | | |
| | | Tallahassee | | 32301 , Florida | | |
| | | (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.

By: Olion C. Henfall
(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. DIRE | ECTORS Robert Stevenish | |
|-----------------------|---|--|
| Chairman: | 205 Maywood Avenue | |
| Address: | Maywood NJ 07607 | |
| Vice Chai | | |
| Address: | 205 Maywood Avenue | |
| - | May wood NJ 07607 | |
| Director: | Elaine Adler | |
| Address: | 205 Maywood Avenue | |
| | Maywood NJ 07607 | |
| Director: | Dana Post Adler | The STS |
| Address: | 205 Maywood Avenue | |
| | Maywood NJ 07607 | <u> </u> |
| B. OFF | ICERS | |
| President: | Donald J Adler | |
| Address: | 205 Maywood Avenue | Ţ - |
| | Maywood NJ 07607 | |
| Vice Pres | Daniel P Barron | |
| Address: | 205 Maywood Avenue | |
| 710010001 | Maywood NJ 07607 | |
| Secretary | Elaine Adler | |
| Address: | 205 Maywood Avenue; Maywood NJ 07607 | |
| Treasurer | Robert Lack | |
| Address: | 205 Maywood Avenue; Maywood NJ 07607 | |
| | If necessary, you may attach an addendum to the application listing additional officers and | /or directors. |
| 12 | | |
| are true a third d | Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Department egree felony as provided for in s.817.155, F.S. | e facts stated herein at of State constitutes |
| 13. Rob | (Typed or printed name and canacity of person signing application) | |

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

MYRON CORP.

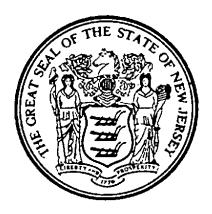
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I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on September 18, 2000.

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:

ROBERT LACK 205 MAYWOOD AVENUE MAYWOOD, NJ 07607



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 16th day of July, 2019

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6098982153

Verify this certificate online at

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