

F19000005011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

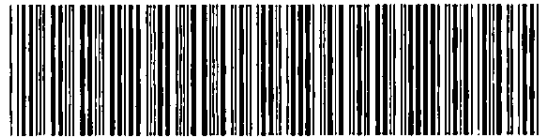
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 NOV -4 PM 4:13
TALLAHASSEE, FLORIDA

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2019 NOV -4 PM 4:44
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 033423 7689782

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : November 1, 2019

ORDER TIME : 1:30 PM

ORDER NO. : 033423-005

CUSTOMER NO: 7689782

FILED
2019 NOV -4 PM 4:44
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: ALMO CORPORATION

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

SUBJECT: Almo 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:

Nadine Robinson

Name of Person

Almo Corporation

Firm/Company

2709 Commerce Way

Address

Philadelphia, PA 19154

City/State and Zip code

nrobinson@almo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nadine Robinson

215

698-4049

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

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.*

Almo Corporation

1. Almo 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. PA 3. 23-1732676
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/28/1970 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 4/1/2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2709 Commerce Way, Philadelphia, PA 19154
(Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

By: Roxanne Turner
(Registered agent's signature)

Roxanne Turner
Asst. Vice President

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: Eugene B Chaiken ✓

Address: 2709 Commerce Way

Philadelphia, PA 19154

Vice Chairman: CFO - Gary Barnett ✓

Address: 2709 Commerce Way

Philadelphia, PA 19154

Director: Roslyn G Chaiken ✓

Address: 2709 Commerce Way

Philadelphia, PA 19154

Director: Warren B Chaiken ✓

Address: 2709 Commerce Way

Philadelphia, PA 19154

B. OFFICERS

President: Warren B Chaiken, President & CEO ✓

Address: 2709 Commerce Way

Philadelphia, PA 19154

Vice President: Roslyn G Chaiken, First Executive Vice President ✓

Address: 2709 Commerce Way

Philadelphia, PA 19154

Secretary: Patricia Leotta ✓

Address: 2709 Commerce Way

Treasurer: Nadine Robinson ✓

Address: 2709 Commerce Way

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

12. Nadine Robinson, 11/11/19

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. Nadine Robinson, Treasurer

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

FILED
2019 NOV -4
4:44
SECRET
ALL AMBASS.
FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

11/04/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

ALMO CORPORATION

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

FILED
2019 NOV -4 PM 4:44
TALLAHASSEE, FLORIDA
STATE



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Kathly Bookman

Acting Secretary of the Commonwealth

Certification Number: TSC191104100437-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>