**Division of Corporations** 1/22/2020 la Department of State

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (614)280-3338 Phone : (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. Email Address:\_ FOREIGN PROFIT/NONPROFIT CORPORATION Assa Abloy Accessories and Door Controls Group, Inc. Certificate of Status 1 Certified Copy 04 Page Count \$78.75 Estimated Charge

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Help JAN 23 ([1]) T. LETTERS

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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	Accessories and Door Controls Group, Inc.	HUSSAR MANY IL HOODBOD LETICAL	11-
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	r <sup>*</sup>
Af nama unavaile	ible in Florida, enter alternate corporate name a	donted for the numase of transacting	business in Florida)
Delaware		95-3959562	
(State or countr	y under the law of which it is incorporated)	(FEI number, if app	olicable)
1/3/1985			
(Date	of incorporation)	(Date of duration, if other than perpetual)	
N/A			
·	(Date first transacted business in	Florida, if prior to registration)	
12 Chicagnal De	(SEE SECTIONS 607.1501 & 607.15 ad, Berlin, CT 06037	02, F.S., to determine penalty habilit	ıy)
		• 66	
110 Sargant Driv	(Princip re, New Haven, CT 06511	al office address)	
	·	g address, if different)	
		p address it differenti	
	(Current manum	g address, it differency	2020 All
. Name and stree	, ,	-	2020 JA
-	c.urrent manus address of Florida registered agent: (P.C C T Corporation System	-	2020 JAN 2
. Name and <u>stree</u> Name:	ct address of Florida registered agent: (P.C.C. C.T.Corporation System	-	20 N
Name:	et address of Florida registered agent: (P.C	. Box NOT_acceptable) 	22 A
Name:	ct address of Florida registered agent: (P.C.C.T. Corporation System  1200 South Pine Island Road  Plantation,	Box NOT_acceptable) 33324	22 Alle
_	ct address of Florida registered agent: (P.C.C.T. Corporation System  1200 South Pine Island Road	. Box NOT_acceptable)	22 A
Name:	ct address of Florida registered agent: (P.C.C.T. Corporation System  1200 South Pine Island Road  Plantation,  (City)	Box NOT_acceptable) 33324	22 A 11: 2
Name: ffice Address:  Registered ag	ct address of Florida registered agent: (P.C. C.T Corporation System  1200 South Pine Island Road  Plantation,  (City)  ent's acceptance:  ned as registered agent and to accept service.	Box NOT_acceptable) , Florida 33324, Florida (Zip code)  ce of process for the above state.	22 A 11: 29  d corporation at the pla
Name: ffice Address:  Registered aglaving been nameslenated in this	ct address of Florida registered agent: (P.C.C.T. Corporation System  1200 South Pine Island Road  Plantation,  (City)  ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointment.	Box NOT_acceptable) , Florida 33324, Florida (Zip code)  ce of process for the above states tent as registered agent and agr.	d corporation at the pla ee to act in this capacity
Name:  office Address:  Registered aguaing been namesignated in this	ct address of Florida registered agent: (P.C. C.T Corporation System  1200 South Pine Island Road  Plantation,  (City)  ent's acceptance:  ned as registered agent and to accept service.	Box NOT_acceptable)  33324  (Zip code)  ce of process for the above statement as registered agent and agreelative to the proper and comple	d corporation at the pla ee to act in this capacity the performance of my
Name:  Office Address:  Registered aguaring been namesignated in this	ct address of Florida registered agent: (P.C. C.T. Corporation System  1200 South Pine Island Road  Plantation,  (City)  ent's acceptance: red as registered agent and to accept service application, I hereby accept the appointmomply with the provisions of all statutes resistered.	Box NOT_acceptable) , Florida 33324, Florida (Zip code)  ce of process for the above state, tent as registered agent and agricultive to the proper and complet my position as registered agent	d corporation at the pla ee to act in this capacity the performance of my

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.

	CCTORS  Lucas Boselli
	110 Surgent Drive, New Haven, CT 06511
ess:	
Chair	man:
ctor:	David Ambrosini
ess: .	110 Sargent Drive, New Haven, CT 06511
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	AND A
	CERS  Eric Sejourne
	110 Sargent Drive, New Haven, CT 06511
ASS:	
resi	David Ambresini ident:
	110 Sargent Drive, New Haven, CT 06511
tary:	Page Heslin
cas:	110 Sargent Drive, New Haven, CT 06511
urer:	Joseph Hurley
cs3:	110 Sargent Drive, New Haven, CT 06511
TE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
De	up Huly
	Signature of Director or Officer for or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein
tiuc a	and that he or she is aware that false information submitted in a document to the Department of State constitutegree felony as provided for in s.817.155, F.S.
IOS'	EPH HURLEY, TREASURER



Page 1

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

DELAWARE, DO HEREBY CERTIFY "ASSA ABLOY ACCESSORIES AND DOOR

CONTROLS GROUP, 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

TWENTY-SECOND DAY OF JANUARY, A.D. 2020.

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.

Authentication: 202234610

Date: 01-22-20