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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

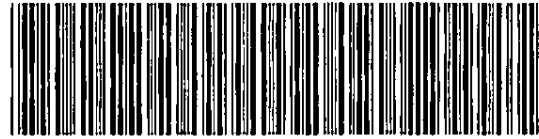
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/06/20--01015--022 **78.75

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2020 FEB -6 P 2:46

RECEIVED
FEB 11 2020
TALLAHASSEE, FLORIDA

T. LEMIEUX

FEB 18 2020



TINA RETTURA ■ SENIOR PARALEGAL

2100 ROOSEVELT AVENUE, SPRINGFIELD, MA 01104

WWW.AOB.COM (413) 747-3633

TRETTURA@AOB.COM

February 5, 2020

Via Federal Express

Secretary of State Office
State of Florida
Registration Section - Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street
Tallahassee, Florida 32303

RE: **Certificate of Authority for Battenfeld Technologies, Inc.**

Dear Sir or Madame:

Enclosed for filing is the Application by For Authority for Battenfeld Technologies, Inc. Also enclosed is a check in the amount of \$78.75, which represents the filing fee.

Kindly provide confirmation that the filing has been accepted. I have enclosed a return envelope for your convenience.

Please call me with any questions or concerns. Thank you for your assistance with this request.

Best regards,

A handwritten signature in black ink that reads "Tina Rettura". The signature is fluid and cursive, with the first name "Tina" and last name "Rettura" clearly distinguishable.

Tina Rettura
Senior Paralegal

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Battenfeld Technologies, Inc,
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:

Tina Rettura

Name of Person

American Outdoor Brands Corporation

Firm/Company

Legal Department , 2100 Roosevelt Avenue

Address

Springfield, MA 01104

City/State and Zip code

trettura@aob.com

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

For further information concerning this matter, please call:

Tina Rettura

at (413) 747-3633

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. Battenfeld Technologies, Inc.

(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. Missouri 3. 43-1603416
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/18/1992 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 01/01/2020
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2100 Roosevelt Avenue, Springfield, MA 01104
(Principal office street address)

(Current mailing address, if different)

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

Name: Registered Agent Solutions, Inc.

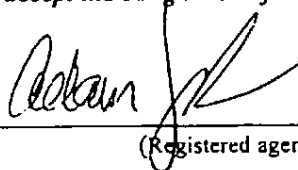
Office Address: 155 Office Plaza Drive, Suite A

Tallahassee, Florida 32301
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.



Adam Saldana, Asst. Secretary

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☒ Chairman Name: Brian D. Murphy
☐ Vice Chairman Address: 2100 Roosevelt Avenue
☒ Director Springfield, MA 01104
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: H. Andrew Fulmer
☐ Vice Chairman Address: 2100 Roosevelt Avenue
☒ Director Springfield, MA 01104
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jeffrey D. Buchanan
☐ Vice Chairman Address: 2100 Roosevelt Avenue
☐ Director Springfield, MA 01104
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☒ Other EVP ☐ Other CFO

☐ Chairman Name: Robert J. Cicero
☐ Vice Chairman Address: 2100 Roosevelt Avenue
☐ Director Springfield, MA 01104
☐ President _____
☒ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Deana L. McPherson
☐ Vice Chairman Address: 2100 Roosevelt Avenue
☐ Director Springfield, MA 01104
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Asst. Treasurer ☒ Other Asst. Secretary

☐ Chairman Name: Christopher J. Scott
☐ Vice Chairman Address: 2100 Roosevelt Avenue
☐ Director Springfield, MA 01104
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Asst. Secretary ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Christopher J. Scott
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. Christopher J. Scott, Assistant Secretary
(Typed or printed name and capacity of person signing application)

BATTENFELD TECHNOLOGIES

7. The name and usual business address of the corporation's directors (if the corporation has no directors, then the name and address of the persons who are exercising the statutory authority of the directors on behalf of the corporation) and principal officers:

b.)

Deana L. McPherson

(Principal Officer Name)

2100 Roosevelt Avenue

(Address)

Springfield, MA 01104

(City, State, Zip Code)

Christopher J. Scott

(Principal Officer Name)

2100 Roosevelt Avenue

(Address)

Springfield, MA 01104

(City, State, Zip Code)

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

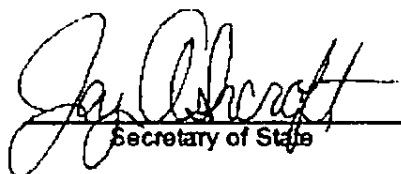
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

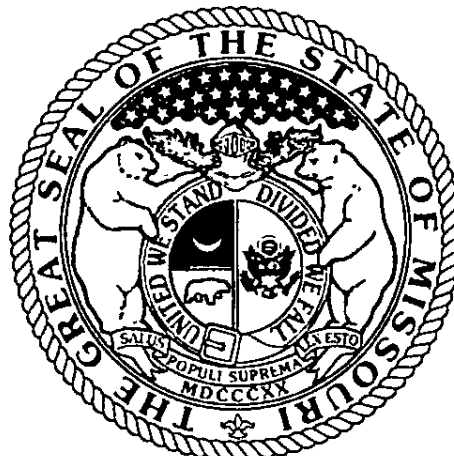
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

BATTENFELD TECHNOLOGIES, INC.
00362854

was created under the laws of this State on the 18th day of February, 1992, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 14th day of January, 2020.


Secretary of State



Certification Number: CERT-01142020-0091