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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI	ECT: Warner Specialty Produ	acts, Inc.				
000,		ame of corporatio	n - mus	t include suffix		
Dear Si	r or Madam:					
"Certifi	closed "Application by Foreig cate of Existence," or "Certi- eferenced foreign corporation	ficate of Good Sta	nding"	and check are sub	ct Business in Flo mitted to register	orida." Tthe
Please r	return all correspondence cor	acerning this matte	r to the	following:		
Jack No	orton					
-		Name of	Person		<del></del>	<del></del>
Warner	Specialty Products, Inc.					
		Firm/Co	npany			
40B Mc	ontowese Ave.					
		Addı	ess	<del></del>		
North H	laven. CT 06473					
		City/State a	and Zip	code	_	
jack@w	arnerspecialty.com					200
	E-mail ad	dress: (to be used	for futi	ire annual report i	notification)	707
For furt	her information concerning t	his matter, please	call:			S1 8
Jack No	rton	at (	691-9030			
	Name of Person	Area Coo	ie	Daytime Telep	hone Number .	20/0 FFP 18 FH11: 23
	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		ر ي
Please m		A DEPARTMENT	□ \$78.7	CATE 15 Filing Fee & fied Copy	□ \$87.50 Fili Certificate Certified C	of Status &

## 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 ac	dopted for the purpose of transacting business in	n Florida)
CT		06-1310176 3.	
(State or counti	y under the law of which it is incorporated)	(FEI number, if applicable)	
January 1991	5	5. (Date of duration, if other than perpetual)	
(Date	of incorporation)		
·			
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		
40B Montowese	Ave. North Haven, CT 06473	2. From to determine penanty habitity?	
		e street address)	
	•		
	(Current mailing	address, if different)	
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	207
	Bob Menker		0 F E
Name:	1919 Wolf Laurel Dr.		2070 FE? 18
	1919 WOII Lautel Dr.		
Name: ffice Address:		33573	
	Sun City Center, FL  (City)	Florida 33573 (Zip code)	0 AHH: 28

(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.

A. DIRECTORS				
□Chairman	Name:	□ Chairman	Name: Jack No	orton
□Vice Chairman	Address: 40B Montowese Ave.	□Vice Chairman	Address:	Montowese Ave.
□Director	Warner Specialty Products, Inc.	□Director	Warner Speci	alty Products, Inc.
President	North Haven, CT 06473	□President	North Haven,	CT 06473
□Vice President		■Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	□Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
□Director		□Director		
□President		□President	T	
□Vice President		□Vice President		
Secretary	□Treasurer	□Secretary		□Treasurer
□Other	□Other	□Other		□Other
				2070 FE
□Chairman	Name:	□Chairman	Name:	3
□Vice Chairman	Address:	□Vice Chairman	Address:	<u> </u>
□Director		□Director		
□President		□President		1: 28
□Vice President	<del></del>	□ Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other	□Other		□Other
12	Jse an attachment to report more than six (6). The attach added to the index when filing your Florida Departmen Signature of Director or	it of State Annual Re	port form.	
she is aware that fa s.817.155, F.S.	tor signing this document (and who is listed in number lse information submitted in a document to the Departm	nent of State constitut	es a third degree	herein are true and that he or felony as provided for in
13.	Jack Norton - VI	a gresi	dans	

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

### Secretary of The State of Connecticut

I, the Secretary of The State of Connecticut, and keeper of the seal thereof. DO HEREBY CERTIFY, that the certificate of incorporation of

#### WARNER SPECIALTY PRODUCTS, INC.

a domestic STOCK corporation, was filed in this office on December 24, 1990, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of The State of Connecticut

in Whenk

Date Issued: February 13, 2020

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