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#### **COVER LETTER**

TO: Registration Section Division of Corp			
SUBJECT: PERMADI	UR INDUSTRIES, INC.		
	Name of corporation	on - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence		or Authorization to Transact Business in F anding" and check are submitted to registe ness in Florida.	
Please return all correspo	ondence concerning this matt	ter to the following:	
	Name o	of Person	<del>,</del>
PERMADUR INDUSTRI	ES INC		
	Firm/Co	ompany	-
190 ROUTE 206 SOUTH	ł		
	Add	dress	
HILLSBOROUGH, NEW	JERSEY 08844		
	City/State	and Zip code	
MARTIN.MICHALSKI@S	SISSCOHOIST.COM		
	E-mail address: (to be used	d for future annual report notification)	71.
For further information c	oncerning this matter, please	e call:	77:5 <b>NN</b> 30 1
MARTIN MICHALSKI	908 at (	3599767	- 3 <b>-</b>
Name of Person		ode 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	ن ن ن
Enclosed is a check for the Please make check payable \$70.00 Filing Fee	ne following amount: to: FLORIDA DEPARTMEN  \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & □ \$87.50 Fi	e 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.

1	NDUSTRIES, INC.	
(Enter name of c	orporation: must include "INCORPORATED. orp." "Inc." "Co." or "Corp.")	" "COMPANY," "CORPORATION,"
SISSCO		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting husiness in Florida)
NEW JERSEY	,	222325744
(State or country under the law of which it is incorporated)		(FEI number, if applicable)
09/13/1979 4.	5.	
09/13/1979 5. (Date of incorporation)		(Date of duration, if other than perpetual)
6. 11/02/2020		
		n Florida, if prior to registration) 502. F.S., to determine penalty liability) =Y 08844
7		ice street address)
	(Current maili	ng address, if different)
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)
Name:	InCorp Services, Inc.	
Office Address:	17888 67TH COURT NORTH	<del></del> \3
	LOXAHATCHEE	, 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 soligations of my position as registered agent.

Joanna Fernandez on behalf of InCorp Services, Inc.

(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.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

#### . A. DIRECTORS WILLIAM A. SCHNEIDER Chairman □ Chairman Name: Name: \_\_\_\_\_ 190 ROUTE 206 SOUTH Address: \_\_\_\_ □Vice Chairman Address: □ Vice Chairman HILLSBOROUGH, NJ 08844 □ Director □ Director President □President □Vice President □ Vice President □ Secretary ☐Treasurer □ Secretary □ Treasurer □Other \_\_\_ □Other \_\_\_\_ Other □Other \_\_\_\_\_ WILLIAM C. SCHNEIDER □ Chairman Name: ☐ Chairman Name: \_\_\_\_\_ 190 ROUTE 206 SOUTH ☐ Vice Chairman ☐Vice Chairman Address: Address: \_\_\_\_\_ HILLSBOROUGH, NJ 08844 □Director □ Director □President □President ☐ Vice President ■ Vice President □ Secretary ☐Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman Chairman Name: □Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: □ Director □ Director □President □ President □ Vice President ☐ Vice President □ Secretary ☐Treasurer □ Secretary □ Treasurer □Other □Other □Other □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. 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. WILLIAM C. SCHNEIDER

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

#### PERMADUR INDUSTRIES, INC.

0100096647

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 13, 1979.

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.

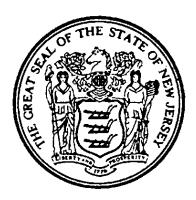
I further certify that the registered agent and registered office are:

WILLIAM A SCHNEIDER 190 ROUTE 206 SOUTH HILLSBOROUGH, NJ 08844

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on October 12, 2020.

**PRESIDENT** 

WILLIAM A SCHNEIDER
186 ROUTE 206 SOUTH
HILLSBOROUGH, NJ 08844



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 30th day of October, 2020

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6112437278

Verify this certificate online at

 $https://www.l.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp$ 



November 6, 2020

MARTIN MICHALSKI 190 ROUTE 206 SOUTH HILLSBOROUGH, NJ 08844 US

SUBJECT: PERMADUR INDUSTRIES, INC.

Ref. Number: W20000128154

We have received your document for PERMADUR INDUSTRIES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

> RECEIVED NOV 3 0 2020

Letter Number: 920A00022245