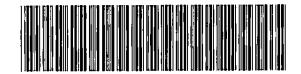
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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2021 JUL 27 PK 12: 03

→ 8 707

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 926577 7999718

AUTHORIZATION : CARROL

COST LIMIT : \$\sqrt{7}0...00

ORDER DATE : July 23, 2021

ORDER TIME : 8:50 AM

ORDER NO. : 926577-005

CUSTOMER NO: 7999718

FOREIGN FILINGS

NAME: I. HALPER PAPER & SUPPLIES,

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

COVER LETTER

	ion of Corporations					
SUBJECT:	I. HALPER PAPER & SUPPLIES, INC.					
JOBULCI.	Name of corporation - must include suffix					
Dear Sir or M	adam:					
"Certificate of	"Application by Foreign Cor Existence," or "Certificate of ced foreign corporation to tra	of Good Stanc	ling" and check are submitte			
Please return :	all correspondence concerning	g this matter	to the following:			
Jane L. Brody,	Esq.					
		Name of F	'erson			
Sherman Atlas	Sylvester & Stamelman LLP					
		Firm/Comp	pany	 		
210 Park Aven	ue, 2nd Floor					
		Addre	SS			
Florham Park,	NJ 07932					
		City/State an	d Zip code			
eserino@shern	nanatlas.com					
	E-mail address:	(to be used to	or future annual report notific	ation)		
For further inf	ormation concerning this ma	tter, please ca	all:			
Jane L. Brody	a	973	973) 302-9953			
Name	of Person	at (973 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			
	check for the following amounts between the following amounts between the payable to: FLORIDA DEI ag Fee	PARTMENT (\$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.

f name unovailai	ble in Florida enter alternata como no nama a	donted for the aureus of transition having in	C1==24=3	
If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) New Jersey 22-2423436				
(State or country under the law of which it is incorporated)		3. 22-2423436 (FEI number, if applicable)		
00/04/1081				
(Date (of incompration)	(Date of duration, if other than perpetual)		
	•	(Date of duration, it other than perpetual,	,	
	ate of this Certificate (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)	<u>-</u>	
51 Hook Road, Ba	yonne, New Jersey 07002	24, 1.d., to determine penalty smontes;		
		c street address)	·	
	(· · · · · · · · · · · · · · · · · · ·			
	(Current mailing	address, if different)		
Name and street	address of Florida registered agent: (P.O.	Box NOT acceptable)	2021 J!!L	
Name:	Corporation Service Company	-		
Tice Address:	1201 Hays Street		27 Nii	
	Tallahassee	, Florida 32301 (Zip code)		
	(City)	(Zip code)	52 -:-1	
Registered agen	nt's accontencer		\sim	

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS							
□Chairman	Name:	□ Chairman	Name: Matthew Halper				
□Vice Chairman	Address: 51 Hook Road	□Vice Chairman	Address:				
□Director	Bayonne, NJ 07002	Director	Bayonne, NJ 07002				
President		□President					
☐Vice President		□Vice President					
Secretary	☐ Treasurer	Secretary	■ Treasurer				
□Other	Other	©EO EO	Other				
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	☐ Vice Chairman	Address:				
Director		Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer				
□Other	Other	□Other	Other				
☐ Chairman	Name:	□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. 12. 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. Matthew Halper, CEO							
13	<u> </u>						

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

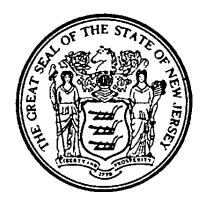
I. HALPER PAPER & SUPPLIES, INC. 0100148687

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 04, 1981.

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 office are:

JANE L. BRODY, ESQ 210 PARK AVENUE, SUITE 200 FLORHAM PARK, NJ 07932



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 26th day of July, 2021

LA Sa Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number : 6121481214

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp