

F21000004820

(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:

W21-115007 SPK

Office Use Only



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RECEIVED
2021 AUG 19 PM 12:21
TALLAHASSEE, FL

FILED
2021 AUG 19 AM 10:29
SECOND DEPT OF STATE
TALLAHASSEE, FL

RECEIVED
2021 AUG 20 PM 4:38
SECRETARY OF THE STATE
TALLAHASSEE, FL
FLORIDA DEPARTMENT OF STATE
Division of Corporations



RESUBMIT
Please give original
submission date as file date.

August 20, 2021

CSC

SUBJECT: AMERICAN TERNINALS DISTRIBUTION CENTER, INC.
Ref. Number: W21000115007

We have received your document for AMERICAN TERNINALS DISTRIBUTION CENTER, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

This was also rejected to the customer last year for the name and they send a check in with it for 87.50.,

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

Suzanne Hawkes
Regulatory II

Letter Number: 921A00019998

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 968615 7233209

AUTHORIZATION :

Signature

COST LIMIT : \$ 70.00

ORDER DATE : August 18, 2021

ORDER TIME : 9:15 AM

ORDER NO. : 968615-005

CUSTOMER NO: 7233209

FOREIGN FILINGS

NAME: AMERICAN TERMINALS
DISTRIBUTION CENTER, 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: Eyliena Baker -- EXT# 61594

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN TERMINALS DISTRIBUTION CENTER, 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:

Ann Krug

Name of Person

American Terminals Distribution Center, Inc.

Firm/Company

485-C Route 1 South, Suite 330

Address

Iselin, NJ 08830

City/State and Zip code

akrug@hmit.net ✓

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

For further information concerning this matter, please call:

Sandra Ross

at (610) 296-6028

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**

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. AMERICAN TERMINALS DISTRIBUTION CENTER, 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. New Jersey 3. 22-3695397
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/19/99 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 485-C Route 1 South, Suite 330, Iselin, NJ 08830
(Principal office street address)
- _____
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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 obligations of my position as registered agent.

Corporation Service Company

By: Eylema Baker
Assistant Vice President

(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.

FILED
2021 AUG 19 AM 10:30
CLERK OF STATE
TALLAHASSEE, FL

A. DIRECTORS

☐ Chairman Name: Bhavin Shah
☐ Vice Chairman Address: 485-C Route 1 South, Suite 330
☒ Director Iselin, NJ 08830
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Richard Werkmeister
☐ Vice Chairman Address: 485-C Route 1 South, Suite 330
☐ Director Iselin, NJ 08830
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____


☐ Chairman Name: Michael Horne
☐ Vice Chairman Address: 485-C Route 1 South, Suite 330
☐ Director Iselin, NJ 08830
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Ann Krug
☐ Vice Chairman Address: 485-C Route 1 South, Suite 330
☐ Director Iselin, NJ 08830
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Sandra Ross
☐ Vice Chairman Address: 485-C Route 1 South, Ste.330
☐ Director Iselin, NJ 08830
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

13. Sandra Rhee Ross, Secretary
(Typed or printed name and capacity of person signing application)

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

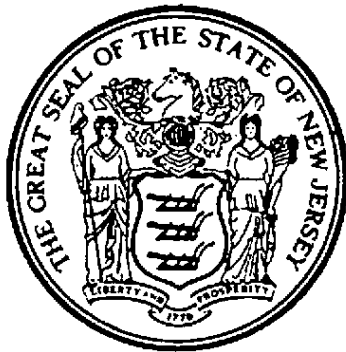
AMERICAN TERMINALS DISTRIBUTION CENTER, INC.
0100799369

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 November 19, 1999.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2020

I further certify that the registered agent and office are:

CORPORATION SERVICE COMPANY
PRINCETON SOUTH CORPORATE CENTER,
SUITE 160, 100 CHARLES EWING BLVD
EWING, NJ 08628



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
18th day of August, 2021*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6122270097

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCertiJSP/Verify_Cert.jsp