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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
Special Instructions to Filing Officer: emailed proof 84/22 10
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S. FRANKLIN AUG - 4 2022

COVER LETTER

	stration Section ion of Corporations				
SUBJECT:	Technical Consumer Pro	oducts Inc.			
00202011	N	ame of corporation	ı - must	include suffix	
Dear Sir or M	ladam:				
"Certificate o	"Application by Foreig f Existence," or "Certif ced foreign corporation	icate of Good Star	nding" a	nd check are subr	
Please return	all correspondence con	cerning this matte	r to the	following:	
Dennis A. Blac	kburn				
		Name of	Person		
Technical Con	sumer Products Inc.				20
		Firm/Con	npany		2
325 Campus D	rive				20121:-2+11
		Addr	ess		=
Aurora, OH 44	1202				PII
		City/State a	nd Zip	ode	
dblackburn@to	pi.com				
	E-mail ad	dress: (to be used t	for futui	e annual report no	otification)
For further in	formation concerning th	nis matter, please o	call:		
Dennis Blackb	urn	330 at (at (330 Area Code) 995-1347 Daytime Telephone Number		
Name	e of Person	Area Cod	e	Daytime Teleph	one 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	
	_	A DEPARTMENT	\$78.75	ATE 5 Filing Fee & ied 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.

poration; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"		
p," "Ine," "Co," or "Corp.")			
la in Placida, autor alternata correcta nama a	ionted for the number of transacting business in Florida)		
·			
3	(PP)		
ander the law of which it is incorporated)	(FEI number, if applicable)		
5			
(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 12, F.S., to determine penalty liability)		
t Terrace Dania Beach, FL 33312	e street address)		
(Principal office	e <u>street</u> address)		
Aurora, OH 44202			
(Current mailing	address, if different)		
_			
address of Florida registered agent: (P.O.			
CT Corporation System	· ·		
1200 South Pine Island Rd	_		
Plantation	. Florida 33324		
(City)	(Zip code)		
	(Principal office Aurora, OH 44202 (Current mailing address of Florida registered agent: (P.O. CT Corporation System 1200 South Pine Island Rd		

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.

(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 Name: Lesley Matt Ellis Yan Name: _ □ Chairman □ Chairman 325 Campus Dr 325 Campus Drive Address: ☐ Vice Chairman □Vice Chairman Address: Aurora, OH 44202 Aurora, OH 44202 □ Director □ Director □ President President ■ Vice President ☐ Vice President □Treasurer Treasurer ☐ Secretary ☐ Secretary Other □Other Other □Other Dennis A. Blackburn Thomas P. Keaty Name: □ Chairman □ Chairman Name: ___ Address: 325 Campus Drive 325 Campus Drive □Vice Chairman Address: _ ☐ Vice Chairman Aurora, OH 44202 Aurora, OH 44202 □ Director □ Director □President □ President ☐ Vice President □Vice President □Treasurer ☐ Secretary Treasurer □ Secretary Mother Curpsec Mother CFO Chairman □ Chairman Name: Name: _____ □Vice Chairman Address: ☐ Vice Chairman Address: □ Director Director □President President ☐ Vice President ☐ Vice President _ ☐ Treasurer □ Secretary Treasurer ☐ Secretary □ 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 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.



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TECHNICAL CONSUMER PRODUCTS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 204050475

Date: 08-01-22