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(Requestor's Name)	_
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(Address)	
(Address)	_
(1881833)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Business Civily Name)	
(Document Number)	_
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	ı

Office Use Only



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COVER LETTER

	FO: Registration Section Division of Corporations						
SUBJECT: Extrude-A-Trim Corp.							
Name of corporation - must include suffix							
Dear Sir	or Madam:						
"Certifica		or "Certificate of	of Good Stand	Authorization to Transact ding" and check are submass in Florida.			
Please re	turn all correspon	dence concernir	g this matter	to the following:			
William I	Benson						
			Name of I	Person			
Extrude-A	A-Trim Corp.						
			Firm/Com	pany			
2321 NW	30th Place						
			Addre	SS			
Pompano	Beach, Florida, 33	069					
		. * * .	City/State ar	nd Zip code			
will.b@c	xtrudeus.com						
		E-mail address:	(to be used f	or future annual report no	etification)		
For furth	er information co	ncerning this ma	itter, please c	all:			
William Benson 786		682-1557					
	Name of Person		Area Code	Daytime Telepho	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			
Please ma	I is a check for the ike check payable to 0 Filing Fee (PARTMENT Fee & □	OF STATE \$78.75 Filing Fee & Certified 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.

l. Extrude-A-Trim	·					
	orporation; must include "INCORPORATE orp," "Inc," "Co." or "Corp.")	D,"'	".COMPANY," "CORPORATION,"			
Extrude-A-Trim	Co.					
(If name unavaila	able in Florida, enter alternate corporate nar	ne ad	opted for the purpose of transacting b	ousiness in Florida)		
Delaware 2.			3. 35-2709559 (FEI number, if applicable)			
(State or country under the law of which it is incorporated)			(FEI number, if applicable)			
Feb 2,2021		5				
(Date	of incorporation)	J	(Date of duration, if other than perpetual)			
Have not transac	cted in Florida yet.					
, 2321 NW 30th PI	acc, Pompano Beach, FL, 33069 (Principal of	ffice	street address)			
	(Current ma	iling	address, if different)			
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (I William M. Benson	P.O.	Box <u>NOT</u> acceptable)	20231:17 22		
Office Address:	2321 NW 30th Place			2		
			, Florida	PH 6:		
	(City)		(Zip code)	20		

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.

(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: William M. Benson	□Chairman	Name: William R. Benson				
□Vice Chairman	Address: 100 N Federal HWY	□Vice Chairman	Address: 16 Eastview Crescent				
□Director	Fort Lauderdale, Florida, USA	□Director	Toronto, Ontario, Canada				
□President	33301	President	M5M 2W4				
□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				
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chaiπnan	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.							
13. William Ben	son						



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "EXTRUDE-A-TRIM CORP." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE SECOND DAY OF FEBRUARY,

A.D. 2021, AT 5:53 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN

QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY

CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EXTRUDE-A-TRIM CORP." WAS INCORPORATED ON THE SECOND DAY OF FEBRUARY, A.D. 2021.

Authentication: 202916623

Date: 03-14-23

4962370 8315 SR# 20230984929





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



Authentication: 202916623

Date: 03-14-23