F24000002334

(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:
, C
W24-52240





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03/22/24--01025--005 ++87.50

04/25/24- 01010--000 *:1035.00

THE CORPORATIONS



April 2, 2024

STUART SIEGELE 224 COMMERCIAL BLVD, SUITE 204 LAUDERDALE-BY-THE SEA, FL 33308 US

SUBJECT: ATLANTIC COAST POLYMERS INC.

Ref. Number: W24000052260

We have received your document for ATLANTIC COAST POLYMERS INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,055.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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

Letter Number: 324A00006991

Ariel Jones Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Atlantic Coast Polymers In	nc.			
Nam Nam	ne of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate above referenced foreign corporation to	ate of Good Star	iding" and check are subm		
Please return all correspondence conce	rning this matte	to the following:		
Stuart Siegele				
	Name of	Person		
Atlantic Coast Polymers Inc				
	Firm/Con	ıpany		
224 Commercial Blvd, Suite 204				
	Addr	ess		
Lauderdale-By-The Sea, FL 33308				
	City/State a	nd Zip code		
acpspouth@acpsouth.com				
E-mail addr	ess: (to be used	for future annual report no	tification)	
For further information concerning this	s matter, please	call:		
Stuart Siegele	at (⁵¹²) 732.0007 le Daytime Telepho		
Name of Person	Area Coo	e 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		Registration Se Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following a Please make check payable to: FLORIDA S70.00 Filing Fee Certification	DEPARTMENT	T OF STATE 3 S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status Certified Copy	

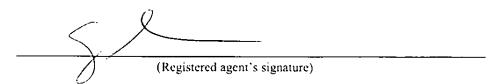
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

	corporation; must include "INCORPORATED," 'Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting busine	ss in Florida)	
Delaware	3 00	06-1340691		
	ry under the law of which it is incorporated)	(FEI number, if applicable)	
3/6/1992	5.			
	of incorporation)	(Date of duration, if other than per	(Date of duration, if other than perpetual)	
10/01/20				
224 Commercial	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 Blvd, Suite 204, Lauderdale-By-The-Sea. FL 333	2, F.S., to determine penalty liability)		
_	(Principal office		24 Hax	
	(Current mailing a	address, if different)		
. Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	=	
Name:	Stuart Siegele	<u> </u>	9:	
Office Address:	224 Commercial Blvd. Suite 204	<u> </u>	ě	
	Lauderdale-By-The-Sea	. Florida 33308		
	(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.



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 Stuart Siegele ☐ Chairman Name: □ Chairman Name: _____ 4020 Galt Ocean Dr. PH12 ☐ Vice Chairman Address: ☐ Vice Chairman Address: Fort Lauderdale, FL 33308 Director ☐ Director ■ President ☐ President ☐Vice President _ ☐Vice President ☐ Secretary ☐Treasurer ☐ Secretary ☐ Treasurer □Other _____ ☐Other _____ □ Other _____ □Other _____ Name: □ Chairman ☐ Chairman Name: □Vice Chairman Address: _____ Address: _____ ☐ Vice Chairman □ Director Director ☐ President □ President □Vice President ____ ☐ Vice President ☐ Secretary Treasurer ☐ Secretary ☐ Treasurer □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 _____ 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.

(Typed or printed name and capacity of person signing application)

Stuart Siegele, President Atlantic Coast Polymers, Inc.



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

DELAWARE, DO HEREBY CERTIFY THAT "ATLANTIC COAST POLYMERS, INC." 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 SIXTH DAY OF MARCH,

A.D. 1992, AT 4:30 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "ATLANTIC COAST POLYMERS, INC.".

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: 202984059

Date: 03-08-24