

# F95000000377

## TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

600001375246  
-01/10/95 -01104--008  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Select Wares 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", 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:

Bertram Axelrad  
(Name of Person)  
Select Wares Inc.  
(Firm/Company)  
2154 Arbour Walk Circle Unit 2512  
(Address)  
Naples Florida 33942  
(City, State and Zip Code)

re 1/24

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 24 AM 11:41

Should you need to call someone concerning this matter, please call:

Bert Axelrad at ( 813 ) 597 - 3434  
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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. SELECT WARES, INC.

(Name of corporation: the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. NEW YORK

(State or country under the law of which it is incorporated)

3. JANUARY 27, 1959

(Date of incorporation)

4. PERPETUAL

(Duration)

5. 13-1898958

(Federal Employer Identification number, if applicable)

6. JANUARY 3, 1995

(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 2154 ARBOUR WALK CIRCLE UNIT 2512 NAPLES, FLORIDA 33942

(Current mailing address)

8. MANUFACTURERS REPRESENTATIVE

(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and addresses of officers and or directors:

A. Directors:

Chairman: BERTRAM AXELRAD

Address: 7091 VERDE WAY

NAPLES, FLORIDA 33963

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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**D. Officers:**

**President:** BERTRAM AXELRAD  
**Address:** 7091 VERDE WAY  
NAPLES, FLORIDA 33963

**Vice President:** SIGRID AXELRAD  
**Address:** 7091 VERDE WAY  
NAPLES, FLORIDA 33963

**Secretary:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Treasurer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

**10. Name and Street address of Florida registered agent:**

**Name:** National Corporate Research, Ltd.  
**Office Address:** 1020 East Lafayette Street - Suite 110A  
Tallahassee, Florida 32301  
Zip Code

**11. 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: \_\_\_\_\_

12. 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.

13. [Signature]  
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. BERTRAM AXELRAD, PRESIDENT

(Name and capacity of person signing application)

State of New York | ss:  
Department of State

I hereby certify, that the certificate of incorporation of SELECT WARES, INC. was filed 01/27/1959, fixing the duration as perpetual, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Statement of Addresses and Directors is past due.

\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 13th day of October  
one thousand nine hundred and  
ninety-four.



Secretary of State

199410140043

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 24 AM 11:41

# F95000000377

Requestor's Name



**SELECT INDUSTRIES, INC.**

3194 ANNOUR MAIR CIRCLN UNIT 2512 • NAPLHO, FL 33412 • 941-597-1434

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 200000-282782--6  
-11142417--01133--022  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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97 SEP -2 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's initials

*See 9/9*

\*\*\* FILING FEE: \$35.00 \*\*\*

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of New York submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Select Ware, Inc.

2. The mailing address of the corporation is: 2154 Arbour Walk Circle Unit 2512  
Naples FL 34109

3. Date of incorporation/qualification: 01/24/95 Document number: F95000000377

4. The name and address of the current registered agent and office:

National Corporate Research Ltd

1010 East Lafayette Street Suite 110A

Tallahassee FL 32301

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Bert Axelrad

2154 Arbour Walk Circle Unit 2512

Naples FL 34109

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board

(Signature of an officer, chairman or vice chairman of the board)

Bert Axelrad

(Printed or typed name and title)

8/27/97

(Date)

8/27/97

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)