

MD30000001015

CT

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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03 MAR 28 PM 3:35

DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

FILED

03 MAR 28 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CT CORPORATION**

March 28, 2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 5818560 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Lapp Insulator Company LLC (DE)  
Registration  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton  
Sr. Fulfillment Specialist  
Jeff\_Netherton@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. LAPP INSULATOR COMPANY, LLC.  
(Name of foreign limited liability company)

2. DELAWARE 3. 16-1242551  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. 10/8/98 5. PERPETUAL  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Filing  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 130 Gilbert St.  
Le Roy NY 14482  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

SEE ATTACHED

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

SOLICITATION OF SALES

Michael J. Friedman  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael J. Friedman  
Typed or printed name of signee

03 MAR 28 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

MAR-28-2003 13:48

CT CORPORATION SYSTEM

Last	First	Address	City	State	Zip	Job
[REDACTED]	ERKAN	65 MEADOW COVE ROAD	PITTSFORD	NY	14534	GM OF BUSHING DIVISION
[REDACTED]	HURSHMAN	70 OTTER ISLAND ROAD	JOHN'S ISLAND	SC	29455	PRESIDENT
[REDACTED]	JOHNSON	82 QUAIL LANE	ROCHESTER	NY	14624	VP/GM PORCELAIN DIVISION
[REDACTED]	PLOTKIN	20 W 85TH STREET	NEW YORK	NY	10024	CORPORATE COUNSEL
[REDACTED]	STACHURA	49 DEVONWOOD LANE	PITTSFORD	NY	14534	CFO/VP FINANCE

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

LAPP INSULATOR COMPANY LLC

2. The name and the Florida street address of the registered agent and office are:

CT Corporation SYSTEM  
(Name)

1200 SOUTH PINE ISLAND RD.  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Plantation FL 33324  
(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

KA.S Kevin A. Sebania  
(Signature) Asst. Secretary

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# Delaware

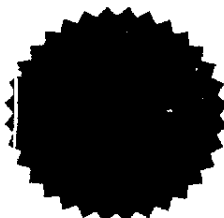
*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAPP INSULATOR COMPANY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2003.

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

2954951 8300

030205978



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2335669

DATE: 03-27-03