Division of

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000008709 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

From:

Account Name

C T CORPORATION ON OFFICE SUPPLIES

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

r (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| Emeil | Address: | | | |
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Foreign Limited Liability Company SAFETY TUBS COMPANY, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 059 |
| Estimated Charge | \$125.00 |

Florida Society Lic

B. BOSTICK

JAN 2 4 2013

Electronic Filing Menu

Corporate Filing Menu

Help

EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe

1/11/2013

PAGE 01/09

CT CORPORATION

8656336092

90:91 6102/62/10

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

| We, the undersigned, do hereby certify that | we are the Managers and/or Managing |
|---|--|
| Members of Safety Tubs Company | , LLC |
| (Name of Limited | (Liability Company) |
| a limited liability company duly organized a | nd existing under the laws of |
| Delaware | • |
| (State or Country of Organization) | revenue. |
| Because the name of this foreign limited liab | oility company does not satisfy the |
| requirements of the s. 608.406, F.S., the limit | ited liability company hereby adopts the |
| following name to transact business in the st | ate of Florida: |
| Florida Safety Tubs Company, | LLC |
| (Name to be used by limited liability company in Florida.) Company, L.L.C., or L.L) | NOTE: Name must end with Limited Liability |
| Date: 1/23/2013 | |
| Signature(s) of Manager(s) and/or Managing | g Member(s): |
| | AS America, Inc., Ω |
| | Managing Member of |
| | Safety Tubs Company, LLC |
| | |
| | main Centa 50 5 |
| | ₽= 2 |
| | By: Maria Chiclana CM O |
| | Title: Denior vice Fleetucht |
| | |
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| | |

CR2E122 (7/07)

COVER LETTER

| | gistration Section vision of Corporation | 15 | | | | | | |
|---------------|---|--------------------------|-------------|---|--|---------------------|----------------|----------|
| SUBJECT: | Safety Tubs Comp | any, LLC | la F | lorida Safety T | ubs Company, | نده | | |
| | | Nar | nc of Lir | nited Lisbility Company | | | | |
| The enclose | d "Application by Fo | reign Limited Liab | ility Coπ | ipany for Authorization to Tr | ansact Business in Florida, | ." Certifica | ite of | |
| Existence, a | nd check are submitt | od to register the ab | ove refe | renoed foreign limited liabili | ty company to transact busi | iness in Flo | orida | |
| Please retur | n all correspondence | concarning this ma | tter to the | e following: | · | | | |
| | • | | | | | | | |
| | <u> </u> | | N | ame of Person | | | | |
| | | | | | , | | | |
| | | • | F | rm/Company | | | | |
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| | | | | Address | | | | |
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| | | | | | · | AE | : 3 | |
| | · · · · · · · · · · · · · · · · · · · | B-mail address: (R | be used | for future annual report noti | fication) | · <u>F</u> | | end-al |
| For further i | nformation concernin | g this matter, please | call: | | | HAS | JAN I | |
| | | | | | | 333 1333 1334 | Trans. | Same a |
| - | | -47 | 4 | ut () a Code & Daytime Telephone | | |) J | |
| | Name | of Person | Arca | i code & Daytime Telephoni | e Namber | E STATE Florida | လဲ့ | <u> </u> |
| | ILING ADDRESS: | | | ET ADDRESS: | • | 22.5 | 26 | |
| | ision of Corporations istration Section | | | n of Corporations ation Section | · | \triangleright | • | |
| P.O | . Box 6327 | | | Building | | | | |
| Tall | ahassee, FL 32314 | | | secutive Center Circle seee, FL 32301 | | | | |
| Enclosed is | s a check for the f | ollowing amoun | t: | | | | | |
| | 125.00 Filing Fee | Signature of Strate of S | Fee & | ☐ \$155.00 Filing Fee & Certified Copy | ☐ \$160.00 Filing Fee, Co of Status & Certified (| | | |

PLAST - 12/01/2012 Wolton Kinner Colleg

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 Safety Tubs Company, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or " | 1172"\ | | |
|--|-------------------------------|-----------------|---|
| · | LLC.) | • | |
| Florida Safety Tubs Company, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a consent of the managers or managing members adopting the alternate name. The alternate name must include "Li Company," "L.L.C," "LLC.") | s copy of the imited Liabi | written lity | |
| 2. Delaware 3. 27-3050024 | | | |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | - | - | |
| 4 July 16, 2010 5, perpenial | | _ | |
| (Date of Organization) (Duration: Year limited liability company version of "perpetual") | will cease to | | |
| 6. Upon qualification | | | |
| (Dute first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | | | |
| 7. 1 Centannial Ave. | | _ | |
| Piscataway, NJ 08854 | | _ | |
| (Street Address of Principal Office) | TA: | <u></u> | |
| 8. If limited liability company is a manager-managed company, check here | EAR GREE | JAN | Т |
| 9. The name and usual business addresses of the managing members or managers are as follo | ws Car | = | |
| AS America, Inc. | [ri _{57:} | AA | T |
| 1 Centennial Ave. | LOR | <u>ن</u> ، | |
| Piscataway, NJ 08854 | E DA | 9 | |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign translation of the certificate under eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: any and all lawful promoted in Florida. | Su jandrade' | | n |
| Mana Chilana | | ~ | |
| 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 uni- penalties of perjury that the facts stated herein are true. I am aware that any false information submitt document to the Department of State constitutes a third degree felony as provided for in s.817.1 | ted in a | | |
| Maria Chiclana, Authorized Representative | وبدن د وجب | | |

PLOST - 12/03/2012 Wolten Klower Galine

Typed or printed name of signee

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 Liabil Safety Tubs Company, LLC | lity Company is: | | | |
|---|---|--------------------|----------|--|
| If unavailable, the alternate to be unavailable, the alternate to be unavailable, Tub | | | | |
| ' | t address of the registered agent and office are; | , | | |
| | C T Corporation System | 13 FALL | | |
| | (Name) | JAN 11 | " | |
| | 1200 South Pine Island Road | ASS ASS | | |
| Floride | Florida Street Address (P.O. Bex NOT ACCEPTABLE) | | | |
| Plantation | PL 33324 | AM 8: 2 | <u>ن</u> | |
| | City/State/Zip | 26 ATE ARIDA | | |

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, Florida Statutes.

By: Ribecca Barch
(Signature)

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

F1.057 - 12/05/2012 Waters Klower Cadigo

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "SAFETY TUBS 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 TENTH DAY OF JANUARY, A.D. 2013.

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

SEUR PART OF STATE

SAIT AHASSEE FLORIDA

4848813 8300

130036614

You may verify this certificate online at corp. delaware. gov/authwar. shtml

AUTHENTY CATION: 0136636

 \rightarrow

DATE: 01-10-13

01/53/5013 12:00 8020330035

January 14, 2013

CT CORPORATION SYSTEM

SUBJECT: SAFETY TUBS COMPANY, LLC

REF: W13000002425

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please

RECEIVED

13 JAN 23 PM 3: 45'
SECRETARY OF STATE
ALL AHASSEE, FLORIDA

call (850) 245-6051.

Barbara Bostick Regulatory Specialist II FAX Aud. #: E13000008709 Letter Number: 613A00000935



January 22, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: SAFETY TUBS COMPANY, LLC

REF: W13000002425

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must submit a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Barbara Bostick Regulatory Specialist II FAX Aud. #: E13000008709 Letter Number: 213A00001533

RE-SUBMIT
Please retain original filing
date of submission ______

P.O BOX 6327 - Tailahassee, Florida 32314