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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Safety Supplies Unlimited, LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Donotes R. Som facio
Total Safety long, LCC
757 Broadway
Bayonne. NJ 07002
abom facio & for fall Safety, eng
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dong tra & Dong facus at (201) 437-150 Ht 213 Name of Contact Person at (201) Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{align*} \mathbb{\text{S}} \ma

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

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Safety (Nampof Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 26-06 42ra AVLhue Long Leland City, 14 11101 SSE F III STEEL BANACHUON Street Address of Principal Office)
Bayone, W 07002 (Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Tames Bifulco - Managing Member - 4200 Hillcrest Dr. Unit 570 Hollywood, FLi Elizabeth Bifulco - Managing Member - 4200 Hillcrest Dr. Unit 570, Hollywood, FLi Elizabeth Bifulco - Managing Member - 4200 Hillcrest Dr. Unit 570, Hollywood, FLi Elizabeth Bifulco - Managing Member - 4200 Hillcrest Dr. Unit 570, Hollywood, FLi Elizabeth Bifulco - Managing Member - 4200 Hillcrest Dr. Unit 570, Hollywood, FLi Elizabeth Bifulco - Managing Member - 4200 Hillcrest Dr. Unit 570, Hollywood, FLi Elizabeth Bifulco - Managing Member - 4200 Hillcrest Dr. Unit 570, Hollywood, FLi Elizabeth Bifulco - Managing Member - 4200 Hillcrest Dr. Unit 570, Hollywood, FLi Elizabeth Bifulco - Managing Member - 4200 Hillcrest Dr. Unit 570, Hollywood, FLi Elizabeth Bifulco - Managing Member - 4200 Hillcrest Dr. Unit 570, Hollywood, FLi Elizabeth Bifulco - Managing Member - 4200 Hillcrest Dr. Unit 570, Hollywood, FLi Elizabeth Bifulco - Managing Member - 4200 Hillcrest Dr. Unit 570, Hollywood, FLi Elizabeth Bifulco - Managing Member - 4200 Hillcrest Dr. Unit 570, Hollywood, FLi Elizabeth Bifulco - Managing Bifulco - Managing Bifulco - 4200 Hillcrest Dr. Unit 570, Hollywood, FLi Elizabeth Bifulco - Managing Bifulco - Managing Bifulco - 4200 Hillcrest Dr. Unit 570, Hollywood, FLi Elizabeth Bifulco - Managing Bifu
8. 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)
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I
am aware that any 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.) DOROTE A R - BOULFACO Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:		
Safety Curlies Unlimited, LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		
Elizabeth Brifulco		
(Name)		
4200 Hillart Drive Unit 510		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Holly word FL 33021 City/State/Zip		
City/State/Zip		
Having been named as registered agent and to accept service of process for the above stability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the pro	ient as	
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 605, Statutes.	Florida	
Elizabeth Bifuld Managing Mem		
(Signature)		
	7 E	
\$ 100.00 Filing Fee for Application	AHA AHA	: i
\$ 25.00 Designation of Registered Agent	ASSI ASSI	
\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	1,1	'n
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State of New York Department of State } ss:

I hereby certify, that SAFETY SUPPLIES UNLIMITED LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/04/2002, and that the Limited Liability Company is existing so far as shown by the records of the Department.



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WITNESS my hand and the official seal

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of the Department of State at the City of Albany, this 08th day of August two thousand and fourteen.

Chuling Science Executive Deputy Secretary of State

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