# M17000003238

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APR 1 7 2017 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 600331 8038839

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE : April 13, 2017

ORDER TIME : 3:59 PM

ORDER NO. : 600331-005

CUSTOMER NO: 8038839

#### FOREIGN FILINGS

NAME: BELAIR INSTRUMENT COMPANY, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

\_\_\_ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

## COVER LETTER

TO:	Registration Section Division of Corporations					
SHRIB	Belair Instrument Company, LLC CT:					
Name of Limited Liability Company						
The en Exister	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida					
Please	eturn all correspondence concerning this matter to the following:					
	Trevor Mornan					
Name of Person						
	Belair Instrument Company, LLC					
Firm/Company						
	P.O. Box 619					
Address						
	Springfield, NJ 07081					
City/State and Zip Code						
annualreports@cscglobal.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	Trevor Mornan 973 912-900 ext. 152					
	Name of Contact Person Area Code Daytime Telephone Number					
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, FL 32301					
Enclose	d is a check for the following amount:  \$\Boxed{\text{S125.00 Filing Fee}} \Boxed{\text{S130.00 Filing Fee}} \& \Boxed{\text{S155.00 Filing Fee}} \& \Boxed{\text{S155.00 Filing Fee}} \& \Boxed{\text{S160.00 Filing Fee}} \& \Boxed{\text{S160.00 Filing Fee}} \& \Boxed{\text{Certificate}} \& \text{Certified Copy} \\  Certifie					

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Belair Instrument Con-	• •		
(Name of For	eign Limited Liability Company, must include	"Limited Liability Company." "L.	E.C.," or "El.C.")
(If name unavailable, enter a Liability Company," "L.L.C.	Iternate name adopted for the purpose of transa	cting business in Florida. The alte	rnate name must include "Limited
2. New Jersey	3 4	6-5528724	
	of which foreign limited liability	(FEI number, if a	pplicable)
4. April 1, 2017			<del></del>
	(Date first transacted business in Flori (See sections 605,0904 & 605,0905, F.S	da, if prior to registration.)  to determine penalty liability)	
5. 36 Commerce S	St		<del>, , , , , , , , , , , , , , , , , , , </del>
Springfield, N			
	(Street Address of Principal C	Office)	
6. 36 Commerce St.			
Springfield, NJ 07081			
	(Mailing Address)		- N 4 h
7. Name and street address	ss of Florida registered agent: (P.O. Box.)	NOT acceptable)	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
	Tallahassee	, Florida 32301 (Zip)	and the second
	(City)	(Zip)	rode)
designated in this applica	nance: gistered agent and to accept service of pro- tion, I hereby accept the appointment as i ons of all statutes relative to the proper a	registered agent and agree to o	act in this capacity. I further agree
	ny position as registered agent. Corporation Service Company 21	1	
	By.	1	Melissa Zender
	(Registered agent	signature)	Asst. Vice President
8. The name, title or capa	acity and address of the person(s) who has/	have authority to manage is/arc	<del></del>
David L. Patterson - Mar	ıager		
36 Commerce St.		**************************************	
Springfield, NJ 07081			
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 days old, du of which it is organized. (If he certificate in abmitted)	ity unthenticated by the official is in foreign language, a trans	having custody of records in the lation of the certificate under oath
	Signatue of an auth	orized person	
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b) the Department of State constitutes a third	b), Florida Statutes, I am aware I degree felony as provided for	that any false information in s.817.155, F.S.
	David L. Patterson		

Typed or printed name of signee

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

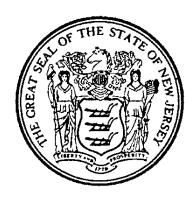
### BELAIR INSTRUMENT COMPANY, LLC 0600409747

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 22, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CORPORATION SERVICE COMPANY PRINCETON SOUTH CORPORATE CTR STE 160, 100 CHARLES EWING BLVD EWING, NJ 08628



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 13th day of April, 2017

Ford M. Scudder Acting State Treasurer

Certificate Number 6079049881

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp