

6/17/2021

M2100007636

Florida Department of State
Division of Corporations
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((H21000238773))



H21000238773ABC4

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

Foreign Limited Liability Company
Conair LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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RECEIVED

2021 JUN 17 PM 2:39

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:

1. Conair LLC

(Name of 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. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

86-2493002

3. _____

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

5. 1 Cummings Point Road

(Street Address of Principal Office)

Stamford, CT 06902

6. 1 Cummings Point Road

(Mailing Address)

Stamford, CT 06902

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida

33324

(Zip code)

Registered agent's acceptance:

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 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.

C T Corporation System

By: Sherry McGinnes Sherry McGinnes, Assistant Secretary

(Registered agent's signature)

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CLERK OF CIRCUIT COURT
ALACHUA COUNTY FLORIDA

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SECRETARY OF
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers of persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Ronald T. Diamond

☐ Member Address: 1 Cummings Point Road

☐ Authorized Stamford, CT 06902

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Eric D. Herman

☐ Member Address: 50 Millstone Road

☐ Authorized East Windsor, NJ 19801

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: John Dourdis

☐ Member Address: 50 Millstone Road

☐ Authorized East Windsor, NJ 19801

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Richard G. Sobel

☐ Member Address: 1 Cummings Point Road

☐ Authorized Stamford, CT 06902

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Ken Robins

☐ Member Address: 50 Millstone Road

☐ Authorized East Windsor, NJ 19801

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Michael Baldino

☐ Member Address: 50 Millstone Road

☐ Authorized East Windsor, NJ 19801

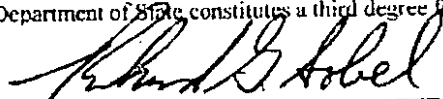
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.



Signature of an authorized person

Richard G. Sobel

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONAIR 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 FOURTEENTH DAY OF JUNE, A.D. 2021.

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


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2021 JUN 17 PM 3:56
DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

5174804 8300

SR# 20212434316

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




Jeffrey W. Bullock, Secretary of State

Authentication: 203434452

Date: 06-14-21