

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000030023
Phone : (614) 280-3338
Fax Number : (954) 208-0945

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
SAFETY TUBS COMPANY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,765.00

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Corporate Filing Menu

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

IN COMPLIANCE WITH SECTION 605.002, 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, L.L.C.
(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 3. 27-3050024
(Jurisdiction under the law of which foreign limited liability company is organized) (IT number, if applicable)

4. 1/23/2013
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.9905, F.S. to determine penalty liability)

5. 902 W Carrier Pkwy 6. 902 W Carrier Pkwy
(Street Address of Principal Office) (Mailing Address)

Grand Prairie, TX 75050-1101 Grand Prairie, TX 75050-1101

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, Florida 33324
(City) (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.

By: C T Corporation System Tracy Kellner Tracy Kellner Asst. Secretary
(Registered agent's signature)

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CLERK OF STATE
TALLAHASSEE, FL

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>AS America, Inc</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Bruce Proctor</u>
<input checked="" type="checkbox"/> Member	Address: <u>30 Knightsbridge Road</u>	<input type="checkbox"/> Member	Address: <u>30 Knightsbridge Road</u>
<input type="checkbox"/> Authorized	Suite <u>301</u>	<input type="checkbox"/> Authorized	Suite <u>301</u>
Person	<u>Piscataway, NJ 08854</u>	Person	<u>Piscataway, NJ 08854</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Robert Buete</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>902 W Carrier Pkwy</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Grand Prairie, TX 75050-1101</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Mark Bunting</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>30 Knightsbridge Road</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite <u>301</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Piscataway, NJ 08854</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSigned by:

Robert Buete

Signature of [00000000000000000000000000000000]

Robert Buete

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 "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 TWENTY-THIRD DAY OF JUNE, A.D. 2021.

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



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

4848813 8300

SR# 20212530248

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

Authentication: 203516903

Date: 06-23-21