

M22000008258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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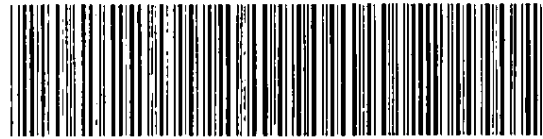
(Business Entity Name)

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ALACHASSEE, FL 32009

MAY 26 2022

M. SOLOMON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 656450 4312240

AUTHORIZATION :

COST LIMIT  \$125.00

ORDER DATE : May 3, 2022

ORDER TIME : 9:14 AM

ORDER NO. : 656450-015

CUSTOMER NO: 4312240

FOREIGN FILINGS

NAME: STANLEY SAFETY CORPORATION,
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stanley Safety Corporation, 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:

Marisol Skibick

Name of Person

Carmody Torrence Sandak & Hennessey LLP

Firm/Company

P.O. Box 1110

Address

Waterbury CT 06072

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Name of Contact Person at (Area Code) Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Stanley Safety Corporation, 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 82-0937344
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. May 6, 2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1000 Stanley Drive
(Street Address of Principal Office)
New Britain, CT 06053

6. 1000 Stanley Drive
(Mailing Address)
New Britain, CT 06053

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

Corporation Service Company
By: Eyleima Bahar
(Registered agent's signature) Assistant Vice President

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>Donald J. Riccitelli</u>	<input type="checkbox"/> Manager	Name: <u>Michael D. Vagnini</u>
<input type="checkbox"/> Member	Address: <u>10000 Stanley Drive</u>	<input type="checkbox"/> Member	Address: <u>1000 Stanley Drive</u>
<input checked="" type="checkbox"/> Authorized	<u>New Britain, CT 06053</u>	<input checked="" type="checkbox"/> Authorized	<u>New Britain, CT 06053</u>
Person	<u>Assistant Secretary</u>	Person	<u>Vice President, Tax</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Robert Paternostro</u>	 <input type="checkbox"/> Manager	Name: <u>Catherine Alston-Grant</u>
<input type="checkbox"/> Member	Address: <u>1000 Stanley Drive</u>	<input type="checkbox"/> Member	Address: <u>1000 Stanley Drive</u>
<input checked="" type="checkbox"/> Authorized	<u>New Britain, CT 06053</u>	<input checked="" type="checkbox"/> Authorized	<u>New Britain, CT 06053</u>
Person	<u>Treasurer</u>	Person	<u>Assistant Treasurer</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Robert D. Maynard, Sr.</u>	 <input type="checkbox"/> Manager	Name: <u>Donald Allan, Jr.</u>
<input type="checkbox"/> Member	Address: <u>1000 Stanley Drive</u>	<input type="checkbox"/> Member	Address: <u>1000 Stanley Drive</u>
<input checked="" type="checkbox"/> Authorized	<u>New Britain, CT 06053</u>	<input checked="" type="checkbox"/> Authorized	<u>New Britain, CT 06053</u>
Person	<u>Vice President</u>	Person	<u>President, Chief Financial Officer</u>
<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.

Michael Vagnini

May 12, 2022 2:34 PM EDT

Signature of an authorized person

Michael D. Vagnini, Vice President, Tax

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 "STANLEY SAFETY CORPORATION, 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 THIRD DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STANLEY SAFETY CORPORATION, LLC" WAS FORMED ON THE TWENTIETH DAY OF MARCH, A.D. 2017.

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



6353640 8300

SR# 20221754264

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

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.

Authentication: 203333586

Date: 05-03-22