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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

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RE-SUBMIT

Please retain original filing
date of submission 10/5

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MAGNAKRON CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	034
Estimated Charge	\$70.00

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2010 OCT -5 AM 9:50
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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October 6, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: MAGNAKRON CORPORATION
REF: W10000046820

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

An effective date may be added to the Articles of Incorporation if a 2011 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H10000219052
Letter Number: 010A00023685

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MAGNAKRON CORPORATION

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: William S. Barrett, Esq.

Name (Printed or typed)

155 Prospect Avenue

Address

West Orange, New Jersey 07052

City, State & Zip

(973) 736-4600

Daytime Telephone number

wbarrett@msgfd.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT -5 AM 9:50

FILED

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

MAGNAKRON CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1581 Brickell Avenue, Suite 2203
Miami, Florida 33129

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Chemical Distribution company, and all other business purposes permitted by law

ARTICLE IV SHARES

The number of shares of stock is:

2500 no par value authorized Shares represented by 100 Class A Voting Shares and 2400 Class B Non-Voting Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

James Kronenthal, President
1581 Brickell Avenue, Suite 2203
Miami, Florida 33129

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

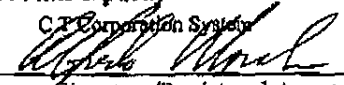

C T Corporation System, 1200 South Pine Island Road Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William S. Barrett, Esq.
Mandelbaum Salsburg, Gold Lazris & Disenza, P.C.
155 Prospect Avenue, West Orange, New Jersey 07052

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: 
Signature/Registered Agent

Signature/Incorporator

10/5/10
Date
10/5/10
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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