

P22000017025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

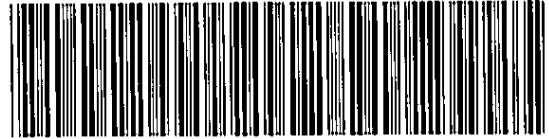
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2022 MAR -4 PM 12:15  
TALLAHASSEE, FL  
CLERK OF STATE

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2022 MAR -4 PM 3:39  
TALLAHASSEE, FL  
CLERK OF STATE

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

ACCOUNT NO. : I20000000195

REFERENCE : 529095 4728469

AUTHORIZATION *[Signature]*

COST LIMIT : \$ 78.75

-----  
ORDER DATE : March 4, 2022

ORDER TIME : 2:59 PM

ORDER NO. : 529095-005

CUSTOMER NO: 4728469  
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DOMESTIC FILING

NAME: OLD BRIDGE CHEMICAL, INC.

EFFECTIVE DATE:

XXX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** Old Bridge Chemical, Inc.

(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:** GLG/Norris McLaughlin  
\_\_\_\_\_  
Name (Printed or typed)  
  
400 Crossing Boulevard, 8th Floor  
\_\_\_\_\_  
Address  
  
Bridgewater, NJ 08807  
\_\_\_\_\_  
City, State & Zip  
  
\_\_\_\_\_  
Daytime Telephone number  
  
jbzura@oldbridgechem.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**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: Old Bridge Chemical, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16200 Mira Vista Lane, Delray Beach, FL 33446

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any activity within the purposes for which corporations may be organized under Chapter 607 of the Florida Business Corporation Act.

## ARTICLE IV SHARES

The number of shares of stock is: 1,000, no par value

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joel Bzura, Director/President

Name and Title: Bruce Bzura, Director/VP/Secretary

Address 7372 Sarimento Place

Address: 16200 Mira Vista Lane

Delray Beach, FL 33446

Delray Beach, FL 33446

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Joel Bzura  
Address: 16200 Mira Vista Lane  
Delray Beach, FL 33446

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CLERK OF STATE  
TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: James J. Costello, Jr.  
Norris McLaughlin, P.A.  
Address: 400 Crossing Boulevard, 8th Floor  
Bridgewater, NJ 08807


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

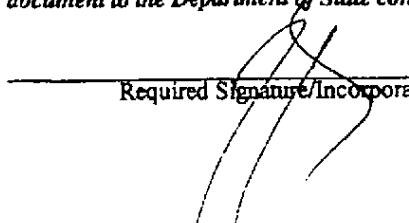
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent

2/28/2022  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

  
Required Signature/Incorporator

3/4/22  
Date