

F01000000484

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HMH Packaging Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

HYDROMOLD TECHNOLOGY INC

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Arleen Lewis

(Name of Person)

000003485660--9

-12/05/00--01015--012

*****70.00 *****70.00

HMH PACKAGING INC.

(Firm/Company)

9101 SHADOW Pond Ct

(Address)

Odessa FL 33556

(City/State and Zip code)

W-29177

For further information concerning this matter, please call:

Arleen Lewis

(Name of Person)

at (813) 926-5919

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

01 JAN 24 PM 3:57

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W-29177

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Ref# W00000029177

Letter# 800A00062685

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HYDROMOLD TECHNOLOGY Inc
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Arleen Lewis
(Name of Person)

HMH Packaging Inc
(Firm/Company)

9101 Shadow Pond Ct
(Address)

Odessa FL 33586
(City/State and Zip code)

For further information concerning this matter, please call:

Arleen Lewis at (813) 926-5919
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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01 JAN 24 PM 3:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 12, 2000

ARLEEN LEWIS
HMH PACKAGING INC.
9102 SHADOW POND CT.
ODESSA, FL 33556

SUBJECT: HMH PACKAGING INC.
Ref. Number: W00000029177

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01 JAN 24 PM 3:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for HMH PACKAGING INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 800A00062685



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 12, 2001

ARLEEN LEWIS
HMH PACKAGING INC.
9102 SHADOW POND CT.
ODESSA, FL 33556

SUBJECT: HYDROMOLD TECHNOLOGY INC.
Ref. Number: W00000029177

FILED
01 JAN 24 PM 3:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for HYDROMOLD TECHNOLOGY INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 901A00001941

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. HYDROMOLD TECHNOLOGY, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. NJ 3. 22-3637876
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1999 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 152 Himmelein Road MEDFORD NJ 08055
(Principal office address)

(Current mailing address)

8. MANUFACTURING
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: ARLEEN LEWIS

Office Address: 9101 SHADOW POND

Tampa, Florida 33656
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Arleen Lewis

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE FLORIDA

B. OFFICERS

President: HARRY HERCKNER

Address: 152 HIMMELIN Road
Bedford NJ

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Harry Herckner
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. HARRY HERCKNER
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

HYDROMOLD TECHNOLOGY, INC.

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Profit Corporation was
registered by this office on November 22, 1999.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

*I further certify that the registered agent and
registered office are:*

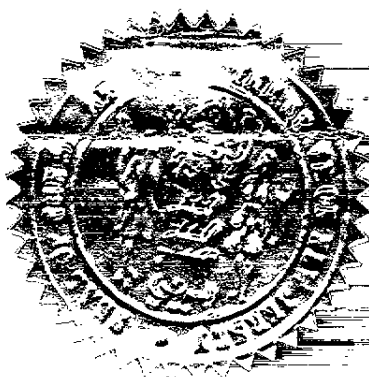
William L Lundgren Iii Esq
1010 South Kings Hwy
Bldg 2
Cherry Hill, NJ 08034

Continued on next page . . .

01 JAN 21 1999
SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

HYDROMOLD TECHNOLOGY, INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
26th day of December, 2000

Roland M Machold

Roland M Machold
Treasurer

01 JAN 24 PM 3:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA