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Division of Corporations Page 1 of 1
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Florida Department of State
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FOREIGN PROFIT/NONPROFIT CORPORATION

HALKEY-ROBERTS CORPORATION

Certificate of Status	0
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Page Count	05
Estimated Charge	\$78.75

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Halkey-Roberts Corporation
(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:

Laurel Swope
(Name of Person)
Baker, Donelson, Bearman, Caldwell & Berkowitz
(Firm/Company)
420 North 20th Street, Suite 1600
(Address)
Birmingham, AL 35203
(City/State and Zip code)

For further information concerning this matter, please call:

Laurel A. Swope at (205) 250-8383
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing 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

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Halkey-Roberts Corporation

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3.

(FBI number, if applicable)

4. 8/14/2009

(Date of incorporation)

5.

Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6.

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. One Allentown Parkway, Allen, TX 75002

(Principal office address)

One Allentown Parkway, Allen, TX 75002

(Current mailing address)

8. manufacture components primarily for the medical device, inflation & container industries.

(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 NOT acceptable)

Name: **CT CORPORATION SYSTEM**

Office Address: **1200 SOUTH PINE ISLAND RD.**

Plantation

(City)

Florida

33324

(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.

Jennifer F. Aultman
Assistant Secretary

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

A. DIRECTORS

Chairman: SEE ATTACHED LIST

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHED LIST

Address: _____

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. Jeffery Strickland
(Signature of Director or Officer listed in number 12 of the application)

14. Jeffery Strickland, Chief Financial Officer
(Typed or printed name and capacity of person signing application)

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HALKEY-ROBERTS CORPORATION
A Delaware Corporation

Florida Application for Certificate of Authority

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

<u>Name</u>	<u>Office/Title</u>	<u>Mailing Address</u>
Emile A. Battat	Director Chairman of the Board	One Allentown Parkway Allen, TX 75002
David Battat	Director President	One Allentown Parkway Allen, TX 75002
Jeffery Strickland	Director Vice President Secretary	One Allentown Parkway Allen, TX 75002
Allen King	Vice President of Manufacturing	One Allentown Parkway Allen, TX 75002,
John H. Lucius	Vice President of Marketing - Inflation	One Allentown Parkway Allen, TX 75002
Lewis P. Leccardone	Vice President of Marketing - Medical	One Allentown Parkway Allen, TX 75002

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HALKEY-ROBERTS CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF AUGUST, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HALKEY-ROBERTS CORPORATION" WAS INCORPORATED ON THE FOURTEENTH DAY OF AUGUST, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 7478201

DATE: 08-17-09

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