1/7/2021

Division of Corporations

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(((H210000077053)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

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

Email Address:\_\_

## FOREIGN PROFIT/NONPROFIT CORPORATION ITT ENIDINE INC.

| Certificate of Status | U       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 05      |
| Estimated Charge      | \$78.75 |

JAN -8 3921

M. SOLOMON

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Help

From: Kimberly Laughre

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

| ITT Enidine Inc.  | orporation, must include "INCORPO   |  | OMBANY " "CORPORATION"  |                  |
|---|---|--|---|------------------|
| "lne ," "Co.," *Co  | orporation, must include INCORPE<br>orp," "Inc," "Co," or "Corp ")  | JRATED, C  | OME ANT, CONTONATION  |                  |
|   |   |  |   |                  |
| (If name unavaila   | ble in Florida, enter alternate corpo   | rate name adog                                       | nted for the purpose of transacting business in Florida)  |                  |
| Delaw   | are   | _ 3  | 16-1477219  |                  |
|   | y under the law of which it is  |  | (PEI number, if applicable)   |                  |
| incorporated) 1   | /13/1995  | 5. <u></u>   |   |                  |
|   | of incorporation)   |  | (Date of duration, if other than perpetual)   |                  |
| 12/5/202 <b>0</b><br>·  |   |  |   |                  |
|   | (Date first transacted  | business in Flo                                      | orida, if prior to registration) FS, to determine penalty liability)  |                  |
| 7 Centre Drive, O   | rehard Park, NY 14127   | // <b>(c</b> 60// 1502,                              | 7 S, to determine persons, marriage,  |                  |
|   |   | (Principal o   | flice address)  |                  |
| 1133 Westcheste   | Avenue, White Plains, NY 10604  |  |   |                  |
|   |   |  | ldress, if different)   |                  |
|   |   |  | €.  | . 202            |
| Name and street   | et address of Florida registered a  | igent: (P.O. E                                       | Sox NOT acceptable)   | JAM              |
|   | CT Corporation System   |  | <u>.</u>  | - <del>2</del>   |
| Name:   | 1200 South Pine Island Road   |  |   | ن إ              |
|   | 1250 30000 100 15000 1000   |  |   |                  |
| Office Address:   | Plantation  |  | , Florida   | بي ا             |
| Office Address:   |   |  | - 120 - 124 - TE  | 5                |
| Office Address:   | (City)  |  | (Zip code)  |                  |
| ) Registered ag   | ent's acceptance:   |  | •   | ,                |
| ). Registered ago   | ent's acceptance: wed as registered agent and to a  | ccept service  | of process for the above stated corporation at the  | place<br>city. I |
| Registered ag<br>laving been nam<br>lesignated in this<br>jurther agree to c    | ent's acceptance:<br>ned as registered agent and to a<br>capplication, I hereby accept the<br>comply with the provisions of al                        | ie appointmet<br>Ustatutes rela                      | of process for the above stated corporation at the<br>st as registered agent and agree to act in this capa<br>tive to the proper and complete performance of n                            | cny. 1           |
| Registered ag<br>laving been nam<br>lesignated in this<br>jurther agree to c    | ent's acceptance:<br>ned as registered agent and to a<br>capplication. I hereby accept th   | ie appointmet<br>Ustatutes rela                      | of process for the above stated corporation at the<br>st as registered agent and agree to act in this capa<br>tive to the proper and complete performance of n                            | cny. 1           |
| ). Registered ag<br>Javing been nam<br>lesignated in this<br>jurther agree to c | ent's acceptance: ned as registered agent and to a sapplication, I hereby accept th somply with the provisions of al samiliar with and accept the obl | ie appointmet<br>Ustatutes rela                      | of process for the above stated corporation at the<br>st as registered agent and agree to act in this capa<br>tive to the proper and complete performance of n                            | cny. 1           |
| laving been nam<br>lesignated in this<br>urther agree to c                      | ent's acceptance: ned as registered agent and to a capplication, I hereby accept th comply with the provisions of al familiar with and accept the obl | ne appointment<br>Il statutes rela<br>ligations of m | of process for the above stated corporation at the at as registered agent and agree to act in this capacitive to the proper and complete performance of a y position as registered agent. | cny. 1           |

10. 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.

From: Kimberly Laughre

| <ol> <li>Names and business addresses of</li> </ol> | officers and/or directors: |
|---|----------------------------|
|---|----------------------------|

|   | DIRECTORS ATTACHED.   |                    |
|---|---|--------------------|
|   |   |                    |
|   |   |                    |
|   |   |                    |
|   |   |                    |
|   |   |                    |
|   |   |                    |
|   |   |                    |
| Address:  |   |                    |
| B. OFFICERS                                     |   |                    |
|   | ter Avenue, White Plains, NY 10604  | . 20               |
| Address'  | :-<br>:   | ZI JAN             |
| Vice President                                  | J.Savinelh  |                    |
| 1133 Westches                                   | ter Avenue, White Plains, NY 10604  |                    |
| Derek McKin                                     | ney 2:  | 9:51               |
| 1133 Westches                                   | iter Avenue, White Plains, NY 19604   |                    |
| Michael J. Sa<br>Treasurer:                     | vinelli   |                    |
| 1133 Westches                                   | ster Avenue, White Plains, NY 10604   |                    |
| NOTE: If necessary, y                           | you may attach an addendum to the application listing additional officers and/or directors.   |                    |
| The officer or director are true and that he or | Signature of Director or Officer signing this document (and who is listed in number 11 above) affirms that the facts stated I she is aware that false information submitted in a document to the Department of State cons s provided for in s.817.155, F.S. Secretary | nerein<br>stitutes |

ITT ENIDINE INC. - Directors

John Ryan, 1133 Westchester Avenue, White Plains, NY 10604
Michael J. Savinelli, 1133 Westchester Avenue, White Plains, NY 10604
Derek McKinney, 1133 Westchester Avenue, White Plains, NY 10604

THE TANK TO STATE

Page 1

From: Kimberly Laughre

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ITT ENIDINE INC." 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 SIXTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Authentication: 202229305

Date: 01-06-21