



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typed).

For Office Use Only

**-FILED-**

File #: 0003911118

Date Filed: 6/17/2020 1:08:00 PM

- The name of the entity is: Avon Protection Systems, Inc.
- The name which it shall use in Idaho is: Avon Protection Systems, Inc.  
(Enter a name here, only if you are required to adopt an alternate name)
- Select the type of entity you wish to register:
 

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
<input type="checkbox"/> Other: _____ (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)	
- Jurisdiction of formation: Michigan  
(Provide the domestic jurisdiction where the entity was formed)
- The address of its principal office is:
 

503 8th Street  
(Street Address)

Cadillac, MI 49601  
(Mailing Address, if different)
- The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
 

503 8th Street  
(Street Address)

Cadillac, MI 49601  
(Mailing Address, if different)
- The mailing address to which correspondence should be addressed, if different from item 5, is: \_\_\_\_\_  
(Address)
- Name and street address of registered agent in Idaho:
 

Corporation Service Company 12550 W. Explorer Drive, Suite 100, Boise, ID 83713  
(Name and Address)
- The name, capacity, and mailing address of at least one governor:
 

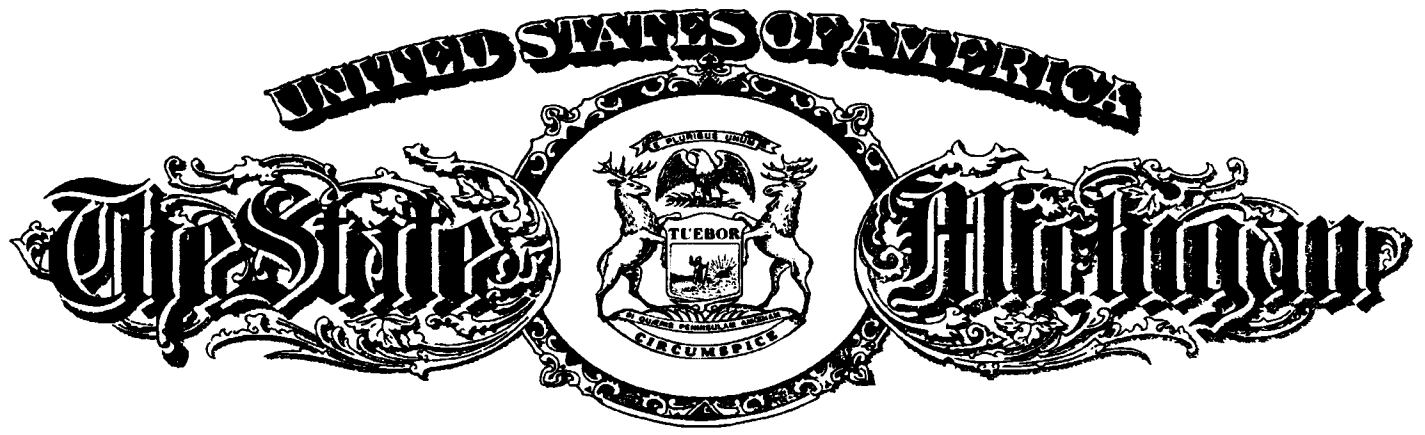
<u>Roberta Nelson</u>	<u>Secretary</u>	<u>503 Eighth Street, Cadillac, MI 49601</u>
(Name)	(Capacity)	(Address)
_____	_____	_____
(Name)	(Capacity)	(Address)

Typed Name: Roberta Nelson

Signature: *Roberta Nelson*

Capacity: Secretary

Secretary of State use only



**Department of Licensing and Regulatory Affairs**

**Lansing, Michigan**

*This is to Certify That*

**AVON PROTECTION SYSTEMS, INC.**

*was validly incorporated on July 8 , 2003 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.*

*This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*



*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 16th day of June , 2020.*

*Linda Clegg, Interim Director  
Corporations, Securities & Commercial Licensing Bureau*

*Sent by electronic transmission*

**Certificate Number: 20061508410**

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpverifycertificate>.