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(R	lequestor's Name)	-
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Name)	
(D	Occument Number)	<u></u>
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 28, 2005

MICHAEL W. THOMAS 30500 AURORA RD SOLON, OH 44139

SUBJECT: STUERTZ MACHINERY, INC.

Ref. Number: W05000015564

RECEIVED APR 0 1 2005

MALLAHASSEE, OLLO

We have received your document for STUERTZ MACHINERY, 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):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 105A00020827

TRANSMITTAL LETTER

	istration Section sion of Corporations							
	Stuertz Machinery, Inc	C.						
SOBJECT		Name of corpora	ation - must i	nclude suffix)				
Dear Sir or M	Madam:							
"Certificate of	d "Application by Foreig of Existence," and check ness in Florida.							
Please return	all correspondence con-	cerning this ma	tter to the foli	lowing:				
Melissa A. M	lurry					Ţ.,		
		(Name	e of Person)				20	
Incorporating	g Services, Ltd.					3.	20	""
		(Firm/	(Company)			28	8	Tara
2855 Apalac	hee Pkwy, Bldg. A, Suite	∋ 16				Щ°.		
-		(A	ddress)	·· -				
Tallahassee,	FL 32301					<u> </u>	 O_	ant F
		(City/Sta	ate and Zip co	de)			1944	
For further in	nformation concerning th	nis matter, pleas	se call:					
Melissa A. M	urry	at (850) 656-7	956				
(Nai	me of Person)		ea Code & Da	aytime Telepho	ne Number)			
Regi Divis 409 l	EET ADDRESS: stration Section sion of Corporations E. Gaines St. thassee, FL 32399			MAILING AD Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations			
Enclosed is a	check for the following	amount:						
□ \$70.00 Fil		iling Fee & ate of Status	S78.75 F Certified	_	S87.50 F Certific Certifie	ate of S		



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

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Letter Number: 105A00020827

Marsha Thomas Document Specialist

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607 1503, FLORIDA STATULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

Stuertz Machinery, Inc. (Enter name of corporation; most include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.,' Corp, "Inc.," "Co," or "Corp ")			
	ne., co., corp, me, co, or corp /		
	(If name unavaitable in Plorida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida)	
2	Delaware	3_ 65-0716507	
-	(State or country under the law of which it is incorporated)	(FEI number, if applicable)	
4	Nov. 1996	5. perpetual	
	(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6			
		ess in Florida, if prior to registration) 77 1502, F.S., to determine penalty liability)	
_	30500 Aurora Rd. Salon OH 44139		
1	(Principal office	address)	
	30500 Aurora Rd. Solon OH 44139	17. OS	
	(Current mailing	address)	
		ASS T	4
8.	Sale of vinyl window manufacturing equipment (Purpose(s) of corporation authorized in home state of	or company to be comised out in state of Florida	🕦
	, , , ,	of country to be carried out in state of Provide)	7
9	Name and street address of Florida registered agent:	(P O Box NOI acceptable)	n e
	Name: <u>Incorporating Services</u> ,	(P O Box NOI acceptable)	
o	ffice Address: 2855 Apalachee Parkway,	Bldg. A, Suite 16	
	Tallahassee	, Florida <u>32301</u>	
	(City)	(Zip code)	
	(- 3)	(Elp code)	
). Registered agent's acceptance:	, , ,	
Ħ). Registered agent's acceptance: aving heen named as registered agent and to accapt so	ervice of process for the above stated corporation at the place	
H de fu). Registered agent's acceptance: aving heen named as registered agent and to accept so esignated in this application, I hereby accept the appoint tether agree to comply with the provisions of all statut	ervice of process for the above stated corporation at the place intment as registered agent and agree to act in this capacity. I es relative to the proper and complete performance of my duties,	
H de fu). Registered agent's acceptance: aving been named as registered agent and to accept so esignated in this application, I hereby accept the appo	ervice of process for the above stated corporation at the place intment as registered agent and agree to act in this capacity. I es relative to the proper and complete performance of my duties,	
H de fu). Registered agent's acceptance: aving heen named as registered agent and to accept so esignated in this application, I hereby accept the appoint tether agree to comply with the provisions of all statut	ervice of process for the above stated corporation at the place intment as registered agent and agree to act in this capacity. I es relative to the proper and complete performance of my duties,	
H de fu). Registered agent's acceptance: aving heen named as registered agent and to accept so esignated in this application, I hereby accept the appoint tether agree to comply with the provisions of all statut	ervice of process for the above stated corporation at the place intendence intendence as registered agent and agree to act in this capacity. It is relative to the proper and complete performance of my duties, y position as registered agent.	

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.

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

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	r.
President: Karl-Heinz Sturtz	05
Address: Linzer Strasse 24 D-53577	
Neustadt / Wied-Rott Germany	SE SE
Vice President: Ellis Dillen	7
Address: 30500 Aurora Rd	2: 0 0ku
Salon OH 44139	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional	officers and/or directors.
13. Ellis J. Dilli	
(Signature of Director or Officer listed in number 12 of the appli	cation)
14. ELLIS DILLEN (Typed or printed name and capacity of person signing applica	tion)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STUERTZ MACHINERY, 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 FIRST DAY OF APRIL, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STUERTZ MACHINERY, INC. " WAS INCORPORATED ON THE EIGHTEENTH DAY OF NOVEMBER, A.D. 1996.

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



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3784771

DATE: 04-01-05

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