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GEC - 9 2022 M. SOLOMON

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: EQUIPMEN	T-CONTROLS COMPANY		
30b)EC1.	Name of corporation	on - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence."		r Authorization to Transact Landing" and check are submitess in Florida.	
Please return all correspon	dence concerning this matte	er to the following:	
ANNE BLONG			
	Name o	f Person	
EQUIPMENT-CONTROLS	COMPANY		
	Firm/Co	mpany	·
PO BOX 728			200
NORCROSS, GA 30091	Add	ress	
A DI ONG GEOLUDA ENTO	•	and Zip code	<u> </u>
ABLONG@EQUIPMENTC		for future annual report noti	fication)
	ncerning this matter, please	·	reactor,
ANNE BLONG	at (441-6400	
Name of Person	Area Co	de Daytime Telephor	ne Number
STREET/COURI Registration Section Division of Corporate Centre of Tall 2415 N. Monroe S Tallahassee, FL 33	on rations ahassee treet, Suite 810	MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
-	: FLORIDA DEPARTMEN		☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

	orporation: must include "INCORPORATED," 'orp." "Inc," "Co," or "Corp.")			
EQUIPMENT-C	CONTROLS COMPANY, INC.			
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting b	usiness in Florida)	
GEORGIA	3 5	58-0948567		
(State or countr	y under the law of which it is incorporated)	nder the law of which it is incorporated) 3. (FEI number, if applicable)		
03/00/10/65				
(Date	of incorporation) 5	(Date of duration, if other than	perpetual)	
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150)	Florida, if prior to registration) 2. F.S., to determine penalty liability)		
4555 S. BERKEI	EY LAKE ROAD NORCROSS, GA 30071			
·	(Principal office	street address)		
PO BOX 728 NO	DRCROSS, GA 30091			
	(Current mailing	address, if different)	<u></u>	
			2022 NOV	
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	**************************************	
Name:	LARRY BROWN	**************************************		
office Address:	1240 SEAWAY DRIVE UNIT #102	<u> </u>	20 2	
FORT	FORT PIERCE	, Florida	* * * * * * * * * * *	
	(City)	(Zip code)	76 S	
Having been nam lesignated in this	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel	of process for the above stated contact as registered agent and agree t	o act in this capacity	

(Registered agent's signature)

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.

A. DIRECTORS						
□Chairman	Name:	□Chairman	Name:			-
□Vice Chairman	Address: 2981 OSBORNE RD NE	□ Vice Chairman	Address:			-
□Director	ATLANTA, GA 30319	Director		·	-	-
President		□President			 	-
□Vice President		□Vice President			 	-
Secretary	□Treasurer	□Secretary		□Treasurer		
□Other	□ Other	□Other		□Other	<u> </u>	-
□Chairman	Name:	□Chairman	Name:		1272	=
□Vice Chairman	Address:	□Vice Chairman	Address:			-
□Director		□Director				-
□President	· · · · · · · · · · · · · · · · · · ·	□President		·-·		-
□Vice President		□Vice President		-	2302	300
☐ Secretary	□Treasurer	□Secretary		□Treasurer	AON.	:
Other	□Other	□Other		□Other	<u> </u>	-
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman	Name:	9	M 10: 38	-
□Director		Director				-
□President		□President		<u> </u>		-
□ Vice President		□Vice President		<u>-</u>		-
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer		
Other	□ Other	Other	<u>-</u>	□Other		_
	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	ent of State Annual R		urposes only. Nor	n-indexed	
Signature of Director or Officer						
	ctor signing this document (and who is listed in number alse information submitted in a document to the Depart					г

13. JAMES E BELL, JR., PRESIDENT

(Typed or printed name and capacity of person signing application)

Control Number: A600562

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

EQUIPMENT-CONTROLS COMPANY

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 23741335 Date Inc/Auth/Filed: 03/08/1965 Jurisdiction : Georgia Print Date : 09/29/2022

Form Number : 211



Brad Raffenapezen