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(Requestor's Name)					
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	C	OVER LET	TTER			
	gistration Section					
SHE IECT	Romtec, Inc.					
SUBJECT	Name of	must include suffix				
Dear Sir or	Madam:					
"Certificate		of Good Standin	othorization to Transact Business in Florida," ng" and check are submitted to register the in Florida.			
Please retur	rn all correspondence concernin	g this matter to	the following:			
Jillian Reis						
		Name of Pe	rson			
Romtee, Inc						
		Finn/Compa	nny			
18240 North	h Bank Rd					
		Address	3			
Roseburg, C	OR 97470					
		City/State and	Zip code			
compliance	@romtec.com					
	E-mail address:	(to be used for	future annual report notification)			
For further	information concerning this ma	atter, please cal	l:			
			406 1641			
Jillian Reis		at () 496-3541			
Na	ame of Person	Area Code	Daytime Telephone Number			
Re Di Th 24	REET/COURIER ADDRESS gistration Section vision of Corporations e Centre of Tallahassee 15 N. Monroe Street, Suite 810 Ilahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	s a check for the following amount of the same states and the same same same same same same same sam		OF STATE			

■ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee &

S87.50 Filing Fee,

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.

Romtec, Inc.	orporation; must include "INCORPORATED," "	COMBANY " "CORDORATION"		
	orporation; must metude INCORPORATED; orp." "Inc," "Co," or "Corp.")	COMPANY, CORPORATION,		
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Florida)		
Oregon 3.		95-3375642		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
June 5, 1979	5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in FI	orida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 607.1502	, F.S., to determine penalty liability)		
18240 North Ban	k Rd., Roseburg, OR 97470			
 	(Principal office	street address)		
	(Current mailing a	ddress, if different)		
		21		
Name and stree	t address of Florida registered agent: (P.O. E	Box NOT acceptable)		
	Corporation Service Company			
Name:		_		
Tice Address:	1201 Hays Street	_		
	Tallahassee	Florida 32301		
	(City)	(Zip code)		

9. 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.

Les Nickel / Assistant Secretary
(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: Ben Cooper				
□Vice Chairman	805 Serene Lane Address:	□Vice Chairman	Address:				
Director	Roseburg, OR 97471	□Director	Roseburg, OR 97471				
□President		President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary	Treasurer				
CEO	Other	Other	Other				
□Chairman	Mark Sheldon	☐Chairman	Name: Kelly Hink				
□Vice Chairman	95204 Stock Slough Rd	∏Vice Chairman	PO Box 515				
Director	Coos Bay, OR 97420	□Director	Winston, OR 97496				
□President		□President					
■Vice President		□Vice President					
Secretary	□Treasurer	Secretary	□Treasurer				
□Other		Other	Other				
To de la constant	Therese Paroz	□Chairman	Name.				
☐ Chairman	3203 Happy Valley Rd Address:						
□Vice Chainnan	Roseburg, OR 97471	□Vice Chairman	Address:				
□ Director		□ Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	■ Treasurer	☐Secretary	□Treasurer				
Other		ClOther					
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Therese Paroz, Treasurer							

State of Oregon

OFFICE OF THE SECRETARY OF STATE

Corporation Division

Certificate of Existence 3266178

I, LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

ROMTEC, INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

Lavonne Giffin-Valade

LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE

Issued Date: 5/29/2024



Come visit us on the internet at: sos.oregon.gov/business or use the QR code to check their current status.