

W1900001076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

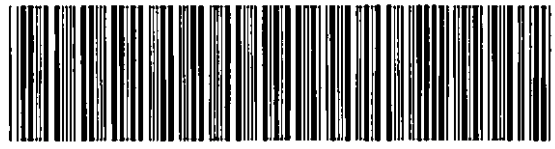
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19000079014

Office Use Only



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08/29/19--01008--015 \$130.00

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2019 NOV -4 PM 3:12
TALLAHASSEE, FLORIDA

Y SCOTT
NOV_7 2019





FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2019

MELISSA VAUGHN
1575 HWY 411 NE
SUITE:105
CARTERSVILLE, GA 30121

SUBJECT: INDUSTRIAL PRESSURE WORKS, LLC
Ref. Number: W19000079014

We have received your document for INDUSTRIAL PRESSURE WORKS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$2,165.00.

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) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 919A00017648

COVER LETTER

TO: Registration Section
Division of Corporations

2009-07-14 PM 3:10

SUBJECT: Industrial Pressure Works, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Melissa Vaughn
Name of Person

Industrial Pressure Works, LLC
Firm/Company

1575 HWY 411 NE Suite 105
Address

Cartersville, GA 30121
City/State and Zip Code

offcemanager@ipwemail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melesa Jacobs at (770) 334-8107
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

RECEIVED
2009-07-14 PM 3:12
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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2007 NOV 4 P 3:12
TALLAHASSEE, FLORIDA

1. Industrial Pressure Works, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C." or "LLC")

IPW, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. North Carolina
(Jurisdiction under the law of which Foreign limited liability company is organized)

3. 56-2257899
(EIN number, if applicable)

4. ~~12/19/2007~~ (prior document # M07000007412)
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0903 & 605.0905, F.S., to determine penalty liability)

This was an error. We are not currently doing business in Florida.

5. 1575 HWY 411 NE Suite 105
(Street Address of Principal Office)

6. 1575 HWY 411 NE Suite 105
(Mailing Address)

Cartersville, GA 30121

Cartersville, GA 30121

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Melissa Vaughn

Office Address: 506 Poinsettia Rd

Melbourne Beach, Florida 32951
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Melissa Vaughn
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

Manager Name: Melissa Vaughn

Member Address: 1575 HWY 411 NE

Authorized Suite 105

Person Cartersville, GA 30121

Other _____ Other _____

Manager Name: Melesa Jacobs

Member Address: 1575 HWY 411 NE

Authorized Suite 105

Person Cartersville, GA 30121

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

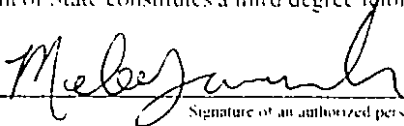
Person _____

Other _____ Other _____

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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.


 Signature of an authorized person

Melesa Jacobs
 Typed or printed name of signer



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

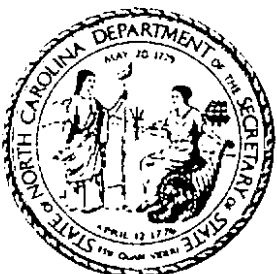
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

INDUSTRIAL PRESSURE WORKS, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 7th day of January, 2005

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

RECORDED
2019 AUG -4 PM 5:12
SECRETARY OF STATE



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 20th day of August, 2019.

Elaine F. Marshall

Secretary of State