

M22000008056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

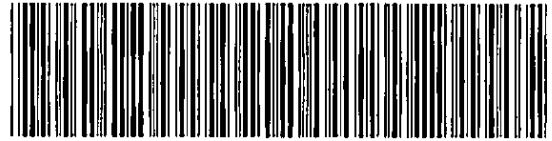
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2022 MAY 20 PM 12: 01

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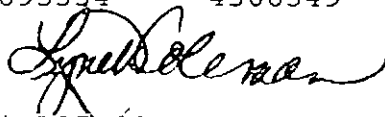
APPROVED  
AND  
FILED

MAY 20 2022

K. Brumbley

FILE 2ND

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 695334 4306349  
AUTHORIZATION :   
COST LIMIT : \$ 125.00

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ORDER DATE : May 19, 2022  
ORDER TIME : 8:01 AM  
ORDER NO. : 695334-010  
CUSTOMER NO: 4306349

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FOREIGN FILINGS

NAME: HARCO FITTINGS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

         CERTIFIED COPY  
XX          PLAIN STAMPED COPY  
         CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HARCO FITTINGS 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:

Cindy Sabish  
Name of Person

K&L Gates LLP  
Firm/Company

210 Sixth Avenue  
Address

Pittsburgh, PA 15222  
City/State and Zip Code

cindy.sabish@klgates.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Sabish at ( 412 ) 355-6762  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

**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:*

1. Harco Fittings LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "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. Virginia (Jurisdiction under the law of which foreign limited liability company is organized)  
 3. 54-0801200 (FEI number, if applicable)

4. Upon filing  
(Date first transacted business in Florida, if prior to registration.)  
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3721 Cohen Place  
(Street Address of Principal Office)  
Lynchburg, VA 24501

6. 3721 Cohen Place  
(Mailing Address)  
Lynchburg, VA 24501

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

Name: Corporation Service Company

Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

APPROVED AND FILED  
 2022 MAY 20 AM 9:07  
 TALLAHASSEE, FLORIDA

**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.*

By: Alexis Weir assistant va president  
(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:**  Manager  
**Name and Address:** Name: Alex Mestres  
 Address: 1425 North Service Rd. E.,  
 Unit 3  
 Oakville, ON, L6H 1A7  
 Member  
 Authorized Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:**  Manager  
**Name and Address:** Name: William H. Beard  
 Address: 900 Riverside Drive  
 Asheville, NC 28804  
 Member  
 Authorized Person  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

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

William H. Beard  
 \_\_\_\_\_  
 Typed or printed name of signee

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

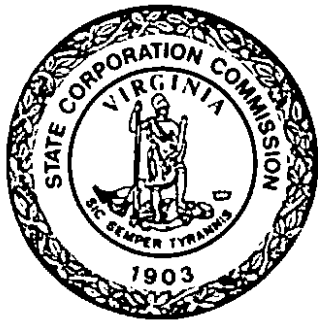
I Certify the Following from the Records of the Commission:

That Harco Fittings LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on June 23, 1966; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

May 19, 2022

A handwritten signature in cursive script, appearing to read "Bernard J. Logan".

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Bernard J. Logan, Clerk of the Commission