## F21000000595

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





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01/25/21--01038--031 \*\*78.75





## **COVER LETTER**

10: Registration Section Division of Corporation	s				
SUBJECT: Sparton Corporatio	n				
Name of corporation - must include suffix					
Dear Sir or Madam:					
"Certificate of Existence," or "C	oreign Corporation for Authorization to Transact Business in Florida," ertificate of Good Standing" and check are submitted to register the ation to transact business in Florida.				
Please return all correspondence	concerning this matter to the following:				
Jacob J. Simon, Esq.					
	Name of Person				
Bodman PLC					
	Firm/Company				
201 W. Big Beaver Road, Suite 500					
	Address				
Troy, MI 48084					
	City/State and Zip code				
jsimon@bodmanlaw.com					
E-mai	address: (to be used for future annual report notification)				
For further information concerning	ng this matter, please call:				
Jacob J. Simon, Esq.	at (248 ) 743-6019				
Name of Person	Area Code Daytime Telephone Number				
STREET/COURIER AI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	Registration Section Division of Corporations P.O. Box 6327				
□ \$70.00 Filing Fee □ \$78.	ving amount:  RIDA DEPARTMENT OF STATE  75 Filing Fee & □ \$87.50 Filing Fee,  ificate of Status Certified Copy 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.

(If name unavailable	e in Florida, enter alternate corporate name ado	pted for the purpose of transacting but	siness in Florida)	
Delaware 2.	3.			
(State or country un	3	(FEI number, if applica	ble)	
4. January <u>7</u> , 2021	5			
(Date of	incorporation)	(Date of duration, if other than perpetual)		
6.				
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	orida, if prior to registration)		
5612 Johnson Lake F		1.5., to determine penanty machinery		
7	Road, De Leon Springs, FL 32130  (Principal office s	treet address)		
	(Current mailing ac	Idress, if different)		
R. Name and street a	ddress of Florida registered agent: (P.O. B	ov NOT accompable)		
· <del></del>		ox <u>NOT</u> acceptable)		
Name:	C T Corporation System		·	
Office Address:	1200 South Pine Island Road			
	Plantation	_ 33324	•	
_	Plantation (City)	, Florida (Zip code)	:	
	(3)/	(in come)		

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.

> Stephane Honay Stephanie Hencz, Asst. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS						
⊟Chairman	Name:	Chairman	James Mahoney Name:			
□Vice Chairman	Address:	□Vice Chairman	Address: 5612 Johnson Lake Road			
□Director	De Leon Springs, FL 32130	Director	De Leon Springs, FL 32130			
□President		☐President				
□Vice President		□Vice President				
□Secretary	□Treasurer	■ Secretary	☐ Treasurer			
Other CFO	Other	□Other	Other			
□Chairman □Vice Chairman □Director	Name: William Toti Name: 5612 Johnson Lake Road De Leon Springs, FL 32130	□Chairman □Vice Chairman □Director	Name: Christopher Robertson  Name: 5612 Johnson Lake Road  Address: De Leon Springs, FL 32130			
President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	<b>■</b> Treasurer			
Other	□Other	□Other	Other			
□Vice Chairman	Name: Patrick Moriarty  Address: 5612 Johnson Lake Road  De Leon Springs, FL 32130	□Chairman □Vice Chairman ■Director	Name: Keith Mitchell  Soll Johnson Lake Road  Address: De Leon Springs, FL 32130			
□President _		□President				
□Vice President		□ Vice President	4.TT			
☐ Secretary	□Treasurer	Secretary	; □Treasurer '			
Other	Other	□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.  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.  Glen Berger, Chief Financial Officer						

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SPARTON CORPORATION" 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 TWELFTH DAY OF JANUARY, A.D. 2021.

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

Authentication: 202268819

Date: 01-12-21

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