FOI 0000066246

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Perfect Parts Inc.
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Allan C. Bir
Allan C. Bir (Name of Person) 5000045651950 -11/05/0101060020
Perfect Parts, Inc. *****70.00 *****70.00
(Firm/Company)
4701 massachusetts Ave.
4701 Massachusetts, Ave. (Address)
Indianapolis, IN 410218 (City/State and Zip code)
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To desinformation for coming this matter please call:
For further information concerning this matter, please call:
St 11-docs 317 . 549-4790
Steve Hedges at (317) 549-4290 (Name of Person) (Area Code & Daytime Telephone Number)
O1 E SECR TALL!
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DIVIDIONAL TO THE SECTION OF THE
\$70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy 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.

1. Perfect Parts Inc.	
(Name of corporation; must include the word "INCORPO words or abbreviations of like import in language as will c natural person or partnership if not so contained in the name	ne at present.)
2. North Carolina (State or country under the law of which it is incorporated)	_335- Doy 2297
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. <u>April 1, 1998</u>	5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. April 1, 1998	
(Date first transacted business in Florida. If corporation had (SEE SECTIONS 607.)	s not transacted business in Florida, insert "upon qualification.") 1501, 607.1502 and 817.155, F.S.)
7. 4701 massachusetts A	
(Principal office	address)
Indianapolis, IN 4621 (Current mailing	8
(Current mailing	address)
8. <u>Charter tishing boat</u>	or country to be period and in the Country to be period and in
(Purpose(s) of corporation authorized in home state o	or country to be carried out in state of Florida)
9. Name and street address of Florida registered ager	nt: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Allow Dia	
Office Address: 51 River Drive	-6 -6 -7 -6 -7 -6 -7 -6 -7 -6 -7 -6 -7 -6 -7 -6 -7 -6 -7 -6 -7 -7 -6 -7 -7 -6 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7
	#Elorida 33.41/a9 □ □ □ □ □
Tequesta (City)	(Zip code)
10. Registered agent's acceptance:	₩ 5 ±5
Having been named as registered agent and to accept so	Prince of muchas for A . I
designated in this application, I hereby accept the appoin	ntment as registered agent and agree to act in this capacity.
further agree to comply with the provisions of all statute duties, and I am familiar with and accept the obligations	
,	o of my position as registered agent.
(lesser (Sin)
(Registered agent's	signature)
, 5	

11. 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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS		
Chairman:		
Address:		
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President: Allan Bic		
Address: 51 River Drive 500		
- 17 		
Tequesta, FL 33469		
Vice President: NIA		
Address:		
Secretary: Allan Bir 5		
Address: 51 River Drive Tequesta, FL 33469		
Treasurer: N/A		
Address:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.		
13 Chin		
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		
14. Allan C. Bir President		
(Typed or printed name and capacity of person signing application)		



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

PERFECT PARTS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 26th day of March, 1998, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of October, 2001.

Elaine 4. Marshall
Secretary of State

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