F03000002140

(Requestor's Name)				
(Address)				
(Address)				
(, 10	u1630)			
(Cit	y/State/Zip/Pho	ne #)		
T BICK-LIB	☐ WAIT	MAIL		
11 / 10/10/	L			
(Bu	siness Entity Na	ame)		
(Document Number)				
·				
Cortified Conjec	Cortificati	es of Status		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
11/00 5	$-\alpha \alpha$	1000		
4/28 F	-UK	CORP		
· ·	•			
				

Office Use Only



900016796219

04/28/03--01114--011 **70.00

MJH

FILED

03 APR 28 PH 2: 00

SEPARASSEE FLORIDA

TRANSMITTAL LETTER

Division of Corporations				
SHRIECT: J&M PRECISION	MACHINE, INC.			
SUBJECT: 16 M PRECISION (Name of corporation	n - must include suffix)			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for "Certificate of Existence", and check are submitted to to transact business in Florida.	Authorization to Transact Business in Florida", register the above referenced foreign corporation			
Please return all correspondence concerning this matter	r to the following:			
Joseph R. Mico	Person)			
Jam Precision	MACHINE INC			
(Firm/Co	mpany)			
8404 S. WII	mette, UNIT G			
(Add	ress)			
DARIPO IL (City/State	60561			
(City/State	and Zip code)			
For further information concerning this matter, please	call:			
Joseph Miller at (630 (Area	1660 8926			
(Name of Person) (Area	Code & Daytime Telephone Number)			
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for the following amount:				
\$\sqrt{370.00}\$ Filing Fee & Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee, 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.

1. Jem Precision marking	E INCORPORATED		
(Name of corporation; must metude the word INCORPOR	CATED, "COMPANY", "CORPORATION" or		
words or abbreviations of like import in language as will cle natural person or partnership if not so contained in the name	early indicate that it is a corporation instead of a		
•			
2. State or country under the law of which it is incorporated)	3 36-4266361		
4. 3/12/98	5. PER PETUAL (Duration: Year corp. will cease to exist or "perpetual")		
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
6. UPON QUALIFICATION)		
(Date first transacted business in Florida. If corporation has (SEE SECTIONS 607.1	s not transacted business in Florida, insert "upon qualification.") i501, 607.1502 and 817.155, F.S.)		
7. 8404 s. wkmeHe	address)		
(Principal office	address)		
PO, BOX 23	367 DARIEN IL GOSGI		
(Current mailing	address) address)		
Charles and the control of the contr			
8. TO MAKE MONEY BE (Purpose(s) of corporation authorized in home state of			
(rurpose(s) of corporation authorized in nome state of	or country to be carried out in state of Florida)		
Name and <u>street address</u> of Florida registered age	nt: (P.O. Box or Mail Drop Box NOT acceptable)		
Name: Joe Miller	ALLL		
	48 R T		
Office Address: 111 INDUSTRIAL BLVD)		
Ponsacoca (City)	Florida 32506 EEC II		
(City)	, Florida <u>325分</u>		
	(Zip code)		
10. Registered agent's acceptance:	o Ho		
	rervice of process for the above stated corporation at the place intiment as registered agent and agree to act in this capacity. I		
further agree to comply with the provisions of all statut	tes relative to the proper and complete performance of my		
duties, and I am familiar with and accept the obligation	ns of my position as registered agent.		
N			

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.

(Registered agent's signature)

2. Namés and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	·.
Address:	,
#	
Vice Chairman:	į:
Address:	į.
	<u>.</u>
Director: JOSEPH MILLER	
Address: 6221 HEART PINE DR	-
PENSACOLA, FL 32504	:
Director:	
Address:	
	-
B. OFFICERS	
President: Joseph MILLER	
Address: 6221 HEART PINE OR	
PENSACOLA FL 32504	 .s. :
Vice President:	
Address:	[#-
Secretary: KARINA MILLER	. *
Address: 6221 HEART PINE OR, PENSACOLA, FL 32504	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	#-·-
14. Joseph MILLER PRESIDENT	_
(Typed or printed name and capacity of person signing application)	٠



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do



In	Testimony	Whereof,	I, hereto set
----	-----------	----------	---------------

day of ______ A.D. ____

Desse White