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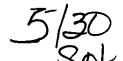
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Progrip Troco (Name of corporation - mus	t include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authori "Certificate of Existence," and check are submitted to register transact business in Florida.	
Please return all correspondence concerning this matter to the f	following:
(Name of Person)
Progrip Inc	
(Firm/Company)	
6106 Highway 6	Company of the Compan
HITCH COCK, TX	47563
(City/State and Zip	code)
and the state of t	,
For further information concerning this matter, please call:	·
Brian Donegan at (407) H (Name of Person) (Area Code &	52-8528
(Name of Person) (Area Code &	Daytime Telephone Number)
	•
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	ordag State of the state of
\$70.00 Filing Fee \$78.75 Filing Fee \$78.75 Certificate of Status Certificate	Filing Fee & \$87.50 Filing Fee, ied Copy Certificate of Status & Certified Copy
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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. Progrip In C (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida).
111 2007/17 8 4
2. State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 7, 2003 s. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 101 Harwood Circle KISSIMMEER 34744 (Principal office address)
POBOX 700695 St. Cloud Florida 34770 (Current mailing address)
8. Pressure Cleaning (Purpose(s) of corporation authorized in home state occountry to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Shana Bone
Office Address: 101 Harwood Cirle Kissimmee
KISSIMMEE, Florida 347 49 (Zip code)
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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.
(Registered agent's signature)

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. 14quies and business addresses of officers and/of directors.
A. DIRECTORS
Chairman: Brian Donegan
Address: 6106 Highway 6 HITENCOCK TX 77563
Vice Chairman: Shana Bone
Address: 6106 Highway6 Hitchcock Tx 77563
Director: Sandy Thibodeaux
Address: 101 Har wood Circle Kissimmee Florida 34744
Director:
Address:
B. OFFICERS
President:
Address:
ALC:
Vice President:
Address: SER 25
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the application)
(Typed or printed name and capacity of person signing application)

Corporations Section F.O.Box 13697 Austin, Texas 78711-3697



Gwyn Shea Secretary of State

Office of the Secretary of State

CERTIFICATE OF INCORPORATION OF

Pro Grip, Inc. Filing Number: 800201533

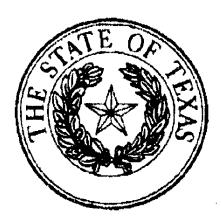
The undersigned, as Secretary of State of Texas, hereby certifies that Articles of Incorporation for the above named corporation have been received in this office and have been found to conform to law.

Accordingly, the undersigned, as Secretary of State, and by virtue of the authority vested in the Secretary by law, hereby issues this Certificate of Incorporation.

Issuance of this Certificate of Incorporation does not authorize the use of a name in this state in violation of the rights of another under the federal Tradamark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 05/07/2003

Effective: 05/97/2003



Secretary of State