

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000066141 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

(850)617-6381

From:

Account Name : EDWARDS, ANGELL, PALMER & DODGE, LLP

Account Number: 075410001517

Phone

: (561)833-7700

Fax Number

: (561)655-8719

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:		
-------	----------	--	--

### FOREIGN PROFIT/NONPROFIT CORPORATION Federated Precision, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

(((HT100006614T3)))

3	TION BY FOREIGN CORPORATED BUSINESS	S IN FLORIDA	
•	. ,		
IN COMPLIANCE REGISTER A FOI	REIGN CORPORATION TO TRANSACT	STATUTES, THE FOLLOWING IS SUBMITT BUSINESS IN THE STATE OF FLORIDA.	ED TO
I. FEDERATE	D PRECISION, INC.		
(Enter name of o	proporation: must include "INCORPORATE!	D," "COMPANY," "CORPORATION."	
"inc.," "Co.," "C	orp," "inc," "Co," or "Corp.")	,	30 3
		· •	# #
(II name unavaili	ible in Plorida, enter altereste corporate nem	e adopted for the purpose of transacting business	n Florida)
2. DELAWAR	<u></u>	27-5419961	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
4. 03/08/201	1 .	PERPETUAL	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "p	erpotual")
6. UPON FIL	ING		
V	(Date first transacted business	In Florida, if prior to registration)	<del></del>
·		1502, F.S., to determine penalty liability)	
7.985 SW 3	<u>rd STREET, BOCA RAT</u>		
	(Principal office ad	<b>:</b>	
P.O. BOX	<u>( 273548, BOCA RATC</u>		
	(Current mailing ac	kiress)	
To openio	in and a least of making making the state		nninad
		r which corporations may be orga	anzeu.
	l of companies authorited in home state or .	country to be consided out in state of Physida)	
, , ,	•	country to be carried out in state of Florida)	
, , ,	) of corporation authorized in home state or t address of Florida registered agent: (P	•	
9. Name and stree	•	•	
, , ,	t address of Florida registered agent: (P LEONARD CHAPMAN	•	
9. Name and stree	t address of Florida registered agent; (P	.O. Box <u>NOT</u> acceptable)	
9, Name and street	t address of Florida registered agent: (P LEONARD CHAPMAN	.O. Box <u>NOT</u> acceptable)	
9, Name and street	t address of Florida registered agent: (P LEONARD CHAPMAN 985 SW 3rd STREET	•	
9, Name and street Name: Office Address:	LEONARD CHAPMAN  985 SW 3rd STREET  BOCA RATON  (City)	O. Box NOT acceptable)	
9. Name and stree  Name:  Office Address:	LEONARD CHAPMAN  985 SW 3rd STREET  BOCA RATON  (City)  pent's acceptance:  and as registered agent and to accept ser	.O. Box NOT acceptable) , Florida 33486 (Zip code)	on at the place
9. Name and stree Name: Office Address: 10. Registered at Having been named actionated in this	LEONARD CHAPMAN  985 SW 3rd STREET  BOCA RATON  (City)  Tent's acceptance: ed as registered agent and to accept ser application. I hareby accept the appoint	O. Box NOT acceptable) , Florida 33486 (Zip code)  wice of process for the above stated corporationent as registered agent and agree to act in	on at the place this capacity. I
9. Name and sires Name: Office Address:  10. Registered as Having been nam designated in this further agrees to c	LEONARD CHAPMAN  985 SW 3rd STREET  BOCA RATON  (City)  pent's acceptance: ed as registered agent and to accept ser application, I hereby accept the appoint	.O. Box NOT acceptable) , Florida 33486 (Zip code)  reice of process for the above stated corporation of the complete perform of the proper and complete performs.	on at the place this capacity. I
9. Name and sires Name: Office Address:  10. Registered as Having been nam designated in this further agrees to c	LEONARD CHAPMAN  985 SW 3rd STREET  BOCA RATON  (City)  Tent's acceptance: ed as registered agent and to accept ser application. I hareby accept the appoint	.O. Box NOT acceptable) , Florida 33486 (Zip code)  reice of process for the above stated corporation of the complete perform of the proper and complete performs.	on at the place this capacity. I
9. Name and sires Name: Office Address:  10. Registered as Having been nam designated in this further agrees to c	LEONARD CHAPMAN  985 SW 3rd STREET  BOCA RATON  (City)  pent's acceptance: ed as registered agent and to accept ser application, I hereby accept the appoint	.O. Box NOT acceptable) , Florida 33486 (Zip code)  reice of process for the above stated corporation of the complete perform of the proper and complete performs.	on at the place this capacity. I
9. Name and sires Name: Name: Office Address: 10. Registered at Having been nam designated in this further agree to c	LEONARD CHAPMAN  985 SW 3rd STREET  BOCA RATON  (City)  pent's acceptance: ed as registered agent and to accept ser application, I hereby accept the appoint	.O. Box NOT acceptable) , Florida 33486 (Zip code)  reice of process for the above stated corporation of the complete perform of the proper and complete performs.	on at the place this capacity. I
9. Name and sires Name: Name: Office Address: 10. Registered at Having been nam designated in this further agree to c	LEONARD CHAPMAN  985 SW 3rd STREET  BOCA RATON  (City)  pent's acceptance: ed as registered agent and to accept ser application, I hereby accept the appoint	O. Box NOT acceptable)  ., Florkla 33486 (Zip code)  rice of process for the above stated corporation that registered agent and agree to act in relative to the proper and complete performances in the performances in the proper and complete performances in the perfor	on at the place this capacity. I
9. Name and street Name: Name: Office Address: 10. Registered at Having been nam designated in this further agree to c and I am fumiliar	LEONARD CHAPMAN  985 SW 3rd STREET  BOCA RATON  (City)  pont's acceptance: and as registered agent and to accept ser application, I hereby accept the appoint ompty with the provisions of all statutes with and accept the obligations of my p	.O. Box NOT acceptable) , Florida 33486 (Zip code)  wice of process for the above stated corporation as registered agent and agree to act in relative to the proper and complete performents as registered agent.	on at the place this capacity. I ance of my duties,
9. Name and street Name: Name: Office Address:  10. Registered at Having been nam designated in this further agree to c and I am familiar	LEONARD CHAPMAN  985 SW 3rd STREET  BOCA RATON  (City)  gent's acceptance: and as registered agent and to accept ser application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my p	O. Box NOT acceptable)  ., Florkla 33486 (Zip code)  rice of process for the above stated corporation that registered agent and agree to act in relative to the proper and complete performances in the performances in the proper and complete performances in the perfor	on at the place this capacity. I ance of my duties,

## (((H11000000141-5))))--

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	22.2
Chairman: See attached list,	
Address:	- 35
Vice Chairman:	
Addrèss:	
Director:	
,	
Address:	
Director:	
Address:	<u>-</u>
B. OFFICERS  President: See attached list.  Address:	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	directors.
13. (Ma	
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affirms that the fa are true and that he or she is aware that false information submitted in a document to the Department of third degree felony as provided for in s.817.155, F.S.	cts stated herein State constitutes a
14. LEONARD CHAPMAN, PRESIDENT  (Typed or printed name and capacity of person signing application)	

((H11000066141 3)))

#### FEDERATED PRECISION, INC.

(Addendum to Application)

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

#### A. DIRECTORS

Chairman:

Leonard Chapman

Address:

P.O. Box 273548, Boca Raton FL 33427

Director:

Keith H. Smith

Address:

P.O. Box 273548, Boca Raton FL 33427

Director:

Noel Gonzalez

Address:

P.O. Box 273548, Boca Raton FL 33427

Director:

Samuel Havelock Jr.

Address:

P.O. Box 273548, Boca Raton FL 33427

Director:

Jerre M. Freeman

Address:

P.O. Box 273548, Boca Raton FL 33427

#### **B. OFFICERS**

President and CEO:

Leonard Chapman

Address:

P.O. Box 273548, Boca Raton FL 33427

Vice President;

Noel Gonzalez

Address:

P.O. Box 273548, Boca Raton FL 33427

Secretary:

Noel Gonzalez

Address:

P.O. Box 273548, Boca Raton FL 33427

COO:

Samuel Havelock Jr.

Address:

P.O. Box 273548, Boca Raton FL 33427

Treasurer and CFO:

Keith H. Smith

Address:

P.O. Box 273548, Boca Raton FL 33427

PMB 414220.1

. . .

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FEDERATED PRECISION, INC." 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 EIGHTH DAY OF MARCH, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FEDERATED PRECISION, INC." WAS INCORPORATED ON THE EIGHTH DAY OF MARCH, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES
HAVE NOT BEEN ASSESSED TO DATE.

4950295 8300

110273046

You may verify this certificate online it corp. delaware.gov/authver.shtml

Juliery W. Bullock, Secretary of State
AUTHENTICATION: 8607652

DATE: 03-08-11