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(Business Entity Name)

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12 JAN 18 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 10 2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SPECIALTY FITTERS 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," or "Certificate of Good Standing" 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:

LEAH SQUIRE

Name of Person

SPECIALTY FITTERS INC.

Firm/Company

563 TERNES AVENUE

Address

ELYRIA OHIO 44035

City/State and Zip code

LEAH@SPECIALTYFITTERS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEAH SQUIRE

Name of Person

at (440) 365-0705

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:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy



RECEIVED

RECEIVED

12 JAN 18 PM 12:32

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 9, 2012

LEAH SQUIRE
563 TERNES AVE
ELYRIA, OH 44035

SUBJECT: SPECIALTY FITTERS INC.
Ref. Number: W12000001287

We have received your document for SPECIALTY FITTERS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II

Letter Number: 412A00000475

**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

FILED
12 JAN 18 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. SPECIALTY FITTERS INC.

(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)

2. OHIO

(State or country under the law of which it is incorporated)

3. 34-1843361

(FEI number, if applicable)

4. JANUARY 1, 1997

(Date of incorporation)

5. PERPETUAL

(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. 563 TERNES AVENUE, ELYRIA OHIO 44035

(Principal office address)

563 TERNES AVENUE, ELYRIA OHIO 44035

(Current mailing address)

8. MECHANICAL PIPING CONTRACTOR

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: PAULETTE WALTERS C/O SPECIALTY FITTERS INC

Office Address: 28121 ALFRED MOORE CT

BONITA SPRINGS

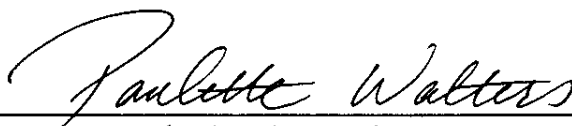
(City)

, Florida 34135

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: CORNEL MENTLER III

Address: 36910 ORCHARD STREET

AVON, OH 44035

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. , PRESIDENT

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. CORNEL MENTLER III, PRESIDENT OF SPECIALTY FITTER INC.

(Typed or printed name and capacity of person signing application)

**United States of America
State of Ohio
Office of the Secretary of State**

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show **SPECIALTY FITTERS INC.**, an Ohio corporation, Charter No. 954513, having its principal location in Avon, County of Lorain, was incorporated on September 23, 1996 and is currently in **GOOD STANDING** upon the records of this office.*

FILED
12 JAN 18 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 13th day of January, A.D. 2012*

Jon Husted

Ohio Secretary of State