# F12000007725

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2012

ALLAN PISARZ 501 SCRANTON CARBONDALE HWY EYNON, PA 18403

SUBJECT: PERFECTION GLASS INC

Ref. Number: W12000036351

We have received your document for PERFECTION GLASS INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of 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) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 912A00018407

#### **COVER LETTER**

TO: New Filing Section	
Division of Corporations	
SUBJECT: PERFECTION GLASS INC.  Name of corporation - must include suffix	
Name of corporation - must include surfix	
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:	
ALLAN J PISARZ	
Name of Person	
Firm/Company	
501 SCRANTON CARBONDALE HWY	
Address	
EYNON PA. 18403	
City/State and Zip code	E
ALLANP@AUTOGLASSFITTERS.COM	y 11.
E-mail address: (to be used for future annual report notification)	Mar.
For further information concerning this matter, please call:	45H*
ALLAN PISARZ at (570 ) 876-0700	in in
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:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, 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.

OH		<sub>3.</sub> <u>02-0726752</u>	
	under the law of which it is incorporated)	• •	;)
JULY 12 20	004 e of incorporation)	5. PERPETUAL (Duration: Year corp. will cease to exist	or "normatual")
(Dai	e of meorporation)	(Duration: Year corp. will cease to exist	or perpetuar )
		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	
33 NORF	OLK SQUARE S PICKERIN	NGTON OH 43147	
*	(Principal office	e address)	
01 SCRA	ANTON CARBONDALE H		
	(Current mailing	g address)	-
AUTO GL	ASS REPAIR AND REPLA	CEMENT	12 ALL
		or country to be carried out in state of Florida)	## <b>5</b>
Name and stre	et address of Florida registered agent:	(P.O. Box NOT acceptable)	LAHASSEE
Name:	CT CORPORATION SYS	TEMS	
ice Address:	1200 SOUTH PINE ISLAND	RD	I: 27 STATE ORID
	PLANTATION	, Florida 33324	7 DA
	(City)	(Zip code)	

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:		<del></del>
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President: LESLIE NAYLOR		
Address: 633 NORFOLK SQUARE S	<u>P</u>	
PICKERINGTON, OH 43147	AR S	H · ·
Vice President:		g: Marin
Address:	Fig. P	3 7 7
	ORIA TO	
Secretary: ALLAN PISARZ	A DA	
Address: 501 SCRANTON CARBONDALE HWY EYNON, PA. 18403	<del></del>	
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers	s and/or directors.	
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affirms th are true and that he or she is aware that false information submitted in a document to the Departhird degree felony as provided for in s.817.155, F.S.	at the facts stated h tment of State cons	erein titutes a
14. ALLAN J PISARZ SECRETARY		

(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 PERFECTION GLASS, INC., an Ohio corporation, Charter No. 1475796, having its principal location in Pickerington, County of Fairfield, was incorporated on July 12, 2004 and is currently in GOOD STANDING upon the records of this office.



12 AUG 10 PM 1:27
SEURE JARY OF STATE
TALLAHASSEE, FLORID,

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of July, A.D. 2012

Ohio Secretary of State

Validation Number: V2012186JE3002