

F13000003028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORA Signature

P

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Plexus Tandem Systems, 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:

Glenn G. Bangs

Name of Person

Plexus Tandem Systems

Firm/Company

5783 Mining Ter., Suite 8

Address

Jacksonville, Florida 32257

City/State and Zip code

gbangs@plexustandem.com ✓

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

For further information concerning this matter, please call:

Glenn Bangs

Name of Person

at (904) 401-6842

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

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TALLAHASSEE, FLORIDA



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13 JUL 15 PM 2:25

FLORIDA DEPARTMENT OF STATE

Division of Corporations

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 25, 2013

GLENN G. BANGS
PLEXUS TANDEM SYSTEMS
5783 MINING TER., SUITE 8
JACKSONVILLE, FL 32257

SUBJECT: PLEXUS TANDEM SYSTEMS, INC.
Ref. Number: W13000036622

We have received your document for PLEXUS TANDEM SYSTEMS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6052.

Diane Cushing
Regulatory Specialist II Supervisor

Letter Number: 613A00015909

**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. **Plexus Tandem Systems, 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. **Tennessee**

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

3. **45-3948438**

(FEI number, if applicable)

4. **11/14/2011**

(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. **5783 Mining Ter., Suite 8 Jacksonville, Florida 32257**

(Principal office address)

5783 Mining Ter., Suite 8 Jacksonville, Florida 32257

(Current mailing address)

8. **any lawful purpose**

(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: **James E. Graham**

Office Address: **2118 NE 40th Ter.**

Ocala

(City)

Florida 34470

(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: George Galloway

Address: 313 Industrial Park Road Dunlap, TN 37327

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Carol Galloway

Address: 313 Industrial Park Road Dunlap, TN 37327

Vice President: Glenn Bangs

Address: 5783 Mining Ter., Suite 8 Jacksonville, Florida 32257

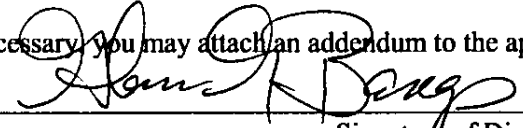
Secretary: James E. Graham

Address: 2118 NE 40th Ter., Ocala, FL 34470

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. X  _____
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. Glenn Bangs Exec. V.P.

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

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13 JUL 15 AM 10:46
STATE OF FLORIDA
TALLAHASSEE, FLORIDA



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

UNINSURED PRECISION TANDEM AERODYNAMICS

June 13, 2013

JAMES GRAHAM
PO BOX 3564
OCALA, FL 34478-3564

Request Type: Certificate of Existence/Authorization

Request #: 0099841

Issuance Date: 06/13/2013

Copies Requested: 1

Document Receipt

Receipt #: 1065947

Filing Fee: \$20.00

Payment-Check/MO - LAW OFFICES OF J E GRAHAM, JACKSONVILLE, FL

\$20.00

Regarding: UNINSURED PRECISION TANDEM AERODYNAMICS INC.

Filing Type: Corporation For-Profit - Domestic

Control #: 671804

Formation/Qualification Date: 11/14/2011

Date Formed: 11/14/2011

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: SEQUATCHIE COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

UNINSURED PRECISION TANDEM AERODYNAMICS INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent corporation annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Tre Hargett
Secretary of State

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TREASURY OF STATE
TALLAHASSEE FLORIDA

Processed By: Sheila Keeling

Verification #: 003216011