# F1300005292

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oily/Suito/Ejp// Hollow/)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Enuty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

W13 - 64833



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11/21/13--01022--009 \*\*87.50

12/11/13--01001--002 \*\*650.00

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x 12/1/13



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 22, 2013

KIM ANGOVE PAPCO, INC. PO BOX 627 WARREN, PA 16365

SUBJECT: PAPCO, INC. Ref. Number: W13000064833

We have received your document for PAPCO, 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):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 713A00027057

HECKIVED

13 DEC -9 PH 12: 38

SECRETARY OF STATE

#### **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: Papco, Inc.			
Name	of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificat above referenced foreign corporation to	e of Good Stan	ding" and check are sub	
Please return all correspondence concert	ning this matter	to the following:	
Kim Angove			
	Name of I	Person	
Papco, Inc.			
	Firm/Com	pany	
PO Box 627			
Warren, PA 16365	Addre	SS	
	City/State ar	nd Zip code	
kim.angove@hooveroil.co			
E-mail addres For further information concerning this i		or future annual report n all:	iotification)
Kim Angove	<sub>at (</sub> 814	726-2130	
Name of Person	Area C	Code & Daytime Telepho	one Number
STREET/COURIER ADDRESS New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	MAILING Al New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction prporations
Enclosed is a check for the following am	ount:		
□ \$70.00 Filing Fee □ \$78.75 Filing Certificate	_	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &

### 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.

	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting business in Florida)
Pennsyl	vania	<sub>3.</sub> 25-14-76716
` •	under the law of which it is incorporated)	(FEI number, if applicable)
August 3	1, 1984	<sub>5.</sub> perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
October	4, 2012	
·	Third Avenue, Warren, (Principal office a	ddress)
PO Box	(Current mailing a	
Provide	(Current mailing a	iddress)
Provide	(Current mailing a independent contractor) of corporation authorized in home state or	or office space country to be carried out in state of Florida)
Provide	(Current mailing a	or office space country to be carried out in state of Florida)
Provide (Purpose(s	(Current mailing a independent contractor) of corporation authorized in home state or et address of Florida registered agent: (	P.O. Box NOT acceptable)
Provide (Purpose(s)  Name and street Name:	(Current mailing a independent contractor) of corporation authorized in home state or et address of Florida registered agent: ( Yvon Houde	or office space country to be carried out in state of Florida)

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)

<sup>11.</sup> 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: Vice Chairman: Address: \_\_\_\_ Address: Director: **B. OFFICERS** President: Jon Petersen Address: PO Box 627 Warren, PA 16365 Vice President: Dan Pierce Address: PO Box 627 Warren, PA 16365 Secretary: Darryl Pierce Address: PO Box 627 Warren, PA 16365 Treasurer: Darryl Pierce Address: PO Box 627 Warren, PA 16365 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Darryl Pierce -- Treasurer/ Secretary

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

**NOVEMBER 20, 2013** 

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

PAPCO, INC.

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid. 13 DEC 11 AM 10: 45
SECREPTO STATE
TALLAHASSEE FLORIÐA



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Care aile

Certification Number: 11468406-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp