

FI4000000964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

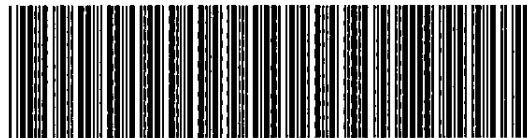
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/04/14--01022--018 **87.50

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR - 4 2014
J. BRYAN

PROGENY3
INCORPORATED

February 26, 2014

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Enduris Extrusions, Inc
Ref Number: F 01000002120

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TALLAHASSEE, FLORIDA

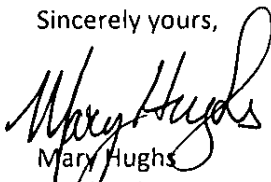
Ladies and Gentlemen:

Pursuant to your letter dated February 7, 2014, we enclose the following documents and checks:

1. Your letter dated February 7, 2014;
2. Application by Foreign Corporation for Authorization to Transact Business in Florida;
3. Certificate of Existence duly authenticated by the State of Delaware;
4. Check # 10694 in amount of \$87.50 for the applicable filing fee for the Application by Foreign Corporation for Authorization to Transact Business in Florida;
5. Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida, and
6. Check # 10694 in the amount of \$43.75 for the applicable filing fee for the Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida.

If you have any questions regarding this filing, please call me at 206-287-8479 or e-mail me at Mary.Hughs@progenythree.com.

Sincerely yours,


Mary Hughs
Paralegal
Progeny 3

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Enduris Extrusions, 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:

Mary Hughs

Name of Person

Progeny 3 Inc.

Firm/Company

601 Union Street, Suite 3920

Address

Seattle, WA 98101

City/State and Zip code

Mary.hughs@progenythree.com

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

For further information concerning this matter, please call:

Mary Hughs

Name of Person

at (206) 287-8479

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

**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. **Enduris Extrusions, 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. **Delaware**

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

3. _____

(FEI number, if applicable)

4. **12/11/2013**

(Date of incorporation)

5. **perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **1/1/2014**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **7167 Olds Kings Road North, Jacksonville, Florida 32219**

(Principal office address)

7167 Olds Kings Road North, Jacksonville, Florida 32219

(Current mailing address)

8. **Manufacturing or any other permitted activities**

(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: **Corporation Service Company**

Office Address: **1201 Hays Street**

Tallahassee

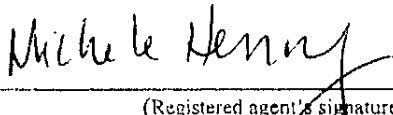
(City)

32301

(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)

**Michele Henry
Assistant VP**

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: No Chairman or Vice Chairman were appointed

Address: _____

Director: John Forbis

Address: 7167 Old Kings Road North
Jacksonville, FL 32219

Director: Jon Hemingway

Address: 601 Union Street, Suite 3920
Seattle, WA 98101

Director: Eric Shapow

Address: 601 Union Street, Suite 3920
Seattle, WA 98101

B. OFFICERS

President: Officers have not been appointed yet

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. 

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. Eric Shapow, Director of Enduris Extrusions, Inc.

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

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENDURIS EXTRUSIONS, 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 TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENDURIS EXTRUSIONS, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2013.

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

5447494 8300

140223932

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1155366

DATE: 02-24-14