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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : LICENSES ETC INC
Account Number : I20070000159
Phone : (239) 777-1028
Fax Number : (877) 275-3593

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 APR -7 PM 12:31

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: etc@licensesetc.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION
PROCLAD, INCORPORATED

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$87.50

MD 4/8

Electronic Filing Menu

Corporate Filing Menu

Help

((H14000082921 3)))

(((H14000082921 3)))

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PROCLAD, INCORPORATED

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:

Lisa Adams

Name of Person

Licenses, Etc., Inc.

Firm/Company

886 110th Ave. N. #6

Address

Naples, FL 34108

City/State and Zip code

etc@licensesetc.com

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

For further information concerning this matter, please call:

Lisa Adams

Name of Person

at (239) 777-8321

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

(((H14000082921 3)))

(((H14000082921 3)))

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. PROCLAD, INCORPORATED

(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. Indiana 3. 20-0668604
 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/02/2004 5. Perpetual
 (Date of incorporation) (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. 15255 Endeavor Dr. Ste #100, Noblesville, IN 46060
 (Principal office address)
- 15255 Endeavor Dr. Ste #100, Noblesville, IN 46060
 (Current mailing address)

8. Any and all lawful business.
 (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: Licenses, Etc., Inc.

Office Address: 886 110th Ave. N. #6

Naples, Florida 34108
 (City) (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.

(((H14000082921 3)))

(((H14000082921 3)))

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: James P. Garber

Address: 15694 Beth Page Tr

Carmel, IN 46033

Director: _____

Address: _____

B. OFFICERS

President: Brad Hitzfield

Address: 6311 Johnson Rd.

Indianapolis, IN 46220

Vice President: Charles Craig Caudill

Address: 4532 Pascagoula Run

Greenwood, IN 46143

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. Brad Hitzfield, President

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

(((H14000082921 3)))

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

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FILED
14 APR -7 PM 12:31
SECRETARY OF STATE
INDIANAPOLIS, INDIANA

To Whom These Presents Come, Greetings:

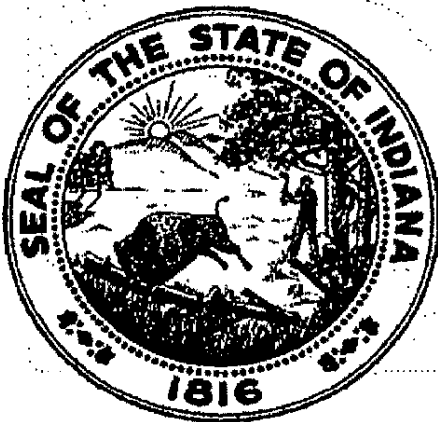
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

PROCLAD, INCORPORATED

duly filed the requisite documents to commence business activities under the laws of State of Indiana on February 02, 2004, and was in existence or authorized to transact business in the State of Indiana on March 12, 2014.

I further certify this For-Profit Domestic Corporation has not filed its most recent report required by Indiana law with the Secretary of State and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twelfth Day of March, 2014.

Connie Lawson

Connie Lawson, Secretary of State

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