Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC Account Number : I20020000094

Phone : (770)777-2091

Fax Number

: (770)220-1943

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

Email	Address:		

FOREIGN PROFIT/NONPROFIT CORPORATION FLUX PUMPS CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Corporate Filing Menu

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COVER LETTER

TO:	New Filing Se Division of Co				
CT ID	JECT:	•	'S CORPORATION		
SUD	JECI:	Name of corpor	ration - must include suffix		
Dear	Sir or Madam:				
"Cert	ificate of Existen		on for Authorization to Transa d Standing" and check are sul business in Florida.		
Picas	e return all corre	spondence concerning this r	natter to the following:		
ELIS	SA HART				
		Nan	ne of Person		
SMIT	H, GAMBRELL &	& RUSSELL, LLP			
		Firm	/Company		
1230	PEACHTREE ST.	, SUITE 3100			
			Address		
ATLA	ANTA, GA 30309				
		City/S	tate and Zip code		
EHAI	RT@SORLAW.CO				
		E-mail address: (to be t	used for future annual report	notification)	
For fu	irther information	n concerning this matter, pl	case call:		
ELI88	SA HART	at (404	815-3500		
	Name of Pers	מס	Area Code & Daytime Teleph	one 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		
Enclo	sed is a check for	the following amount:			
□ \$ 7	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT TO BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TG REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. FLUX PUMPS CORPORATION (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) (State or country under the law of which it is incorporated) (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") UPON FILING OF THIS DOCUMENT (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 300 TOWNPARK DR., SUITE 110, KENNESAW, GA 30144 (Principal office address) 300 TOWNPARK DR., SUITE 110, KENNESAW, GA 30144 (Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRA1 Services, Inc. Name: 1200 South Pine Island Road Office Address: Plantation

9. 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 retailed to the proper and complete performance of my duties, and I am faufiliar with and accept the obligations of my position as registered agent.

Florida

NRM Services, Inc. (Registered agent's signature)

(City)

10. 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.

		6
11. Nam	nes and business addresses of officers and/or directors:	
	ECTORS	
	N/A	34
		707 -
Vice Cha	irman. N/A	·
Ackiross:		
Director:	KLAUS FIARN	tur gan e e equina e e esta qui a e e e e e e e e e e e e e e e e e e
Address:	300 TOWNPARK DR., SUITE 110	the second of th
	KENNESAW, GA 30144	
Director:	N/Λ	
Address.		
B. OFF		
President	PETER FULIMOTO	
Address:	300 TOWNPARK DR., SUITE 110	
	KENNESAW, GA 30144	erse var en ag appare, som sportemplamen pvanner om en en en en en en
Vice Pres	slakent; N/A	
Address:		Minn's train trains to combite the standard accordance
		page controlled to the state of
Secretary	HANS-MICHAEL KRAUS	
Address:		rella auto li l'illi d'Art de l'Art de
Treasurer	ALEXANDER GEB	
Acdress:	300 TOWNPARK DR., SUITE 110, KENNESAW, GA 30144	
NOTE:	If necessary you may attach an addendum to the application listing additional officers and on	r directors.
12	Secretory Signature of Director or Officer	
The office	Signature of Director or Officer ser or director signing this document (and who is listed in number 12 above) affirms that the	acts stated herein
are true a	and that he or she is aware that false information submitted in a document to the Department eggec felony as provided for in s.817.155, F.S.	
	NS-MICHAEL KRAUS - SECRETARY	
- 1507-040	(Typed or printed name and capacity of person signing application)	

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED : September 22, 1980 JURISDICTION

PRINT DATE

: 1009754 : Georgia : January 05, 2015

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

FLUX PUMPS CORPORATION A Domestic For-Profit Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Brian P. Kemp Secretary of State

Tracking #: iiqflMYi