

F15000004075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

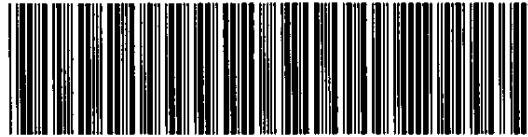
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/15/15--01026--005 **78.75

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2015 SEP 15 PM 1:27
CLERK OF SUPERIOR COURT
FALLAS COUNTY, TEXAS

N. Culligan SEP 16 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Griffco Valve 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:

Colin Black

Name of Person

Griffco Valve Inc.

Firm/Company

5237 Summerlin Commons Blvd, Ste 387

Address

Fort Myers, Florida 33907

City/State and Zip code

colin@griffcovalve.com

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

For further information concerning this matter, please call:

Colin Black

239

336-9592

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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

**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. Griffco Valve Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- N/A
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/31/1992 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 6010 N. Bailey Ave., Ste 1B Amherst, NY 14226
(Principal office address)
- _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

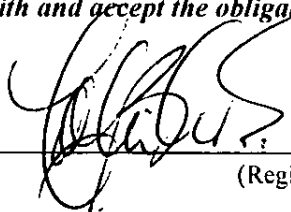
Name: Colin Black

Office Address: 5237 Summerlin Commons Blvd. Ste 387

Fort Myers, Florida 33907
(City) (Zip code)

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 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)

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Colin Black

Address: 5 Sunset Captiva Lane (P.O. Box 336)

Captiva, FL 33924

Vice President: Sandra Black

Address: 5 Sunset Captiva Lane (P.O. Box 336)

Captiva, FL 33024

Secretary: Colin Black

Address: 5 Sunset Captiva Lane (P.O. Box 336) Captiva FL 33924

Treasurer: _____

Address: _____

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Colin Black, President

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

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2015 SEP 15 PM 11 27
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } **ss:**

I hereby certify, that the Certificate of Incorporation of GRIFFCO VALVE, INC. was filed on 07/31/1992, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 08/19/1993.

The Biennial Statement is past due.

I further certify that no other documents have been filed by such corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 11th day of September
two thousand and fifteen.*

Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State