

F15000005083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

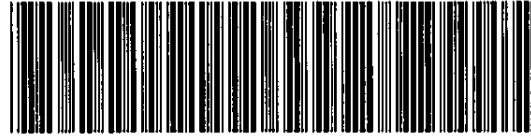
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Dale Dempster GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Alternative name  
DATE 11/12/15  
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Phone 239 465 0303

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03/14/15--01014--016 \*\*78.75

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15 NOV 16 PM 12:22  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

NOV 17 2015

Y SULKER

1115-61587

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INDUSTRIAL CORP.

\_\_\_\_\_  
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:

PAUL E. TENHOOPEN

\_\_\_\_\_  
Name of Person

INDUSTRIAL CORP.

\_\_\_\_\_  
Firm/Company

P.O. BOX 9229

\_\_\_\_\_  
Address

NAPLES, FL 34101-9229

\_\_\_\_\_  
City/State and Zip code

ptenhoopen1@gmail.com

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

For further information concerning this matter, please call:

PAUL E. TENHOOPEN

239 293-6131  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 NOV 16 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 17, 2015

PAUL E TENHOOPEN  
PO BOX 9229  
NAPLES, FL 34101-9229 US

SUBJECT: INDUSTRIAL CORP  
Ref. Number: W15000061587

We have received your document for INDUSTRIAL CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is 670150.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 115A00019695

# 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. INDUSTRIAL CORP.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

~~IC SILCO~~

IC SILCO, inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. PENNSYLVANIA

3. 23-2000732

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

(FEI number, if applicable)

04/21/1975

4.

5.

(Date of incorporation)

(Date of duration, if other than perpetual)

1987

6.

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

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

152 EDMERE WAY S, NAPLES, FL 34105

7.

(Principal office address)

P. O. BOX 9229, NAPLES, FL 34101

(Current mailing address, if different)

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

Name:

PAUL E TENHOOPEN

Office Address:

152 EDMERE WAY S

NAPLES

, Florida 34105

(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.

FILED  
15 NOV 16 PM 12:23  
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: PAUL TENHOOPEN

Address: 152 EDGEMERE WAY S, NAPLES, FL 34105

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: JOHN FISHWICK

Address: 22 GOLF COTTAGE DRIVE, NAPLES, FL 34105

Treasurer: JOHN FISHWICK

Address: 22 GOLF COTTAGE DRIVE, NAPLES, FL 34105

**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. PAUL E. TENHOOPEN, PRESIDENT

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

15 NOV 16 PM 12:23  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

08/21/2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

INDUSTRIAL CORP.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting 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.



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

*Pedro A. Contes*

Secretary of the commonwealth

Certification Number: TSC150821131606-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>