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TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
FEB 26

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Enerfab Process Solutions & Fabricated Products, 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:

Joe McCarty

Name of Person

Enerfab Process Solutions & Fabricated Products, Inc.

Firm/Company

4955 Spring Grove Avenue

Address

Cincinnati, OH 45232

City/State and Zip code

joe.mccarty@enerfab.com

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

For further information concerning this matter, please call:

Joe McCarty

513

641-0500

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.**

Enerfab Process Solutions & Fabricated Products, Inc.

1.

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

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

2. Ohio

3. 46-5227446

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

(FBI number, if applicable)

4. 3/26/2014

5.

(Date of incorporation)

(Date of duration, if other than 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. 4955 Spring Grove Avenue, Cincinnati, OH 45232

(Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(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.*



**Deb Reeves  
Assistant Vice President**

(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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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Wendell R. Bell

Address: 4955 Spring Grove Avenue  
Cincinnati, OH 45232

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Jeffrey P. Hock

Address: 4955 Spring Grove Avenue  
Cincinnati, OH 45232

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

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

Secretary: Daniel J. Sillies

Address: 4955 Spring Grove Avenue, Cincinnati, OH 45232

Treasurer: Daniel J. Sillies

Address: 4955 Spring Grove Avenue, Cincinnati, OH 45232

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. Daniel J. Sillies, Secretary/Treasurer

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

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

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TALLAHASSEE, FLORIDA

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ENERFAB PROCESS SOLUTIONS & FABRICATED PRODUCTS, INC., an Ohio corporation, Charter No. 2280866, having its principal location in Cincinnati, County of Hamilton, was incorporated on March 26, 2014 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 16th day of February, A.D. 2016.*

*Jon Husted*

Ohio Secretary of State

Validation Number: 201604701448