

**F16000002240**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

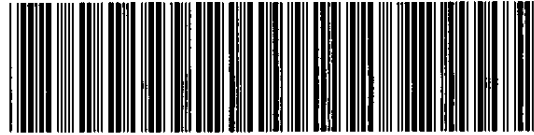
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 3, 2016

MARIANNE WINKLER  
34800 BENNETT  
FRASER, MI 48026

SUBJECT: MP PUMPS, INC  
Ref. Number: W16000032449

We have received your document for MP PUMPS, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The registered agent must sign accepting the designation.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 116A00009116

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** M.P. Pumps 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:

MARIANNE WINKLER  
Name of Person  
M.P. Pumps Inc  
Firm/Company  
34800 BENNETT  
Address  
FRASER MI 48026  
City/State and Zip code  
MWINKLER@MPPUMPS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIANNE WINKLER at (586) 293-8240  
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. M.P. Pumps, Inc. (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. MICHIGAN 3. 38-2846541 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1-1-89 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. 34800 BENNET FRASER MI 48026 (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, Florida 32301 (City) (Zip code)

SECRETARY OF STATE TALLAHASSEE, FLORIDA 16 MAY 16 AM 10:31 FILED

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.

Corporation Service Company By: [Signature] (Registered agent's signature)

Doreen S. Haeselin, Asst. VP

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.

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

**A. DIRECTORS**

Chairman: DAVID S BUENIZER

Address: 130 KEYSTONE DR  
MONTGOMERVILLE PA 18936

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

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

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

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

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

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

**B. OFFICERS**

President: GREGORY PEABODY

Address: 34800 BENNETT DR  
FRASER, MI 48026

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

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

Secretary: VAN H MAI

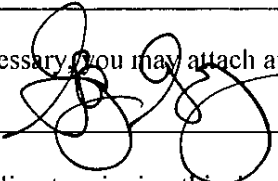
Address: 130 KEYSTONE DR MONTGOMERVILLE PA 18936

Treasurer: \_\_\_\_\_

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

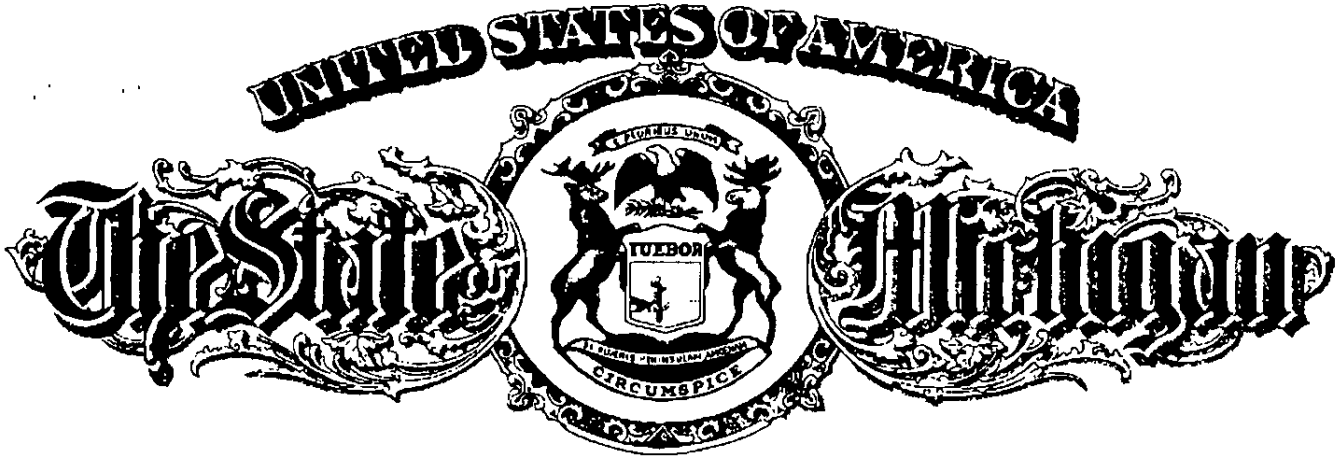
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DEPARTMENT OF STATE  
WASHINGTON, DISTRICT OF COLUMBIA

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. GREG PEABODY PRESIDENT  
(Typed or printed name and capacity of person signing application)



**Department of Licensing and Regulatory Affairs**

**Lansing, Michigan**

*This is to Certify That*

***M. P. PUMPS, INC.***

*was validly incorporated on January 1, 1989, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.*

*This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 15th day of April, 2016.*

*Julia Dale, Director  
Corporations, Securities & Commercial Licensing Bureau*