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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/5/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HISCO INCORPORATED

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:

JENNIFER GULIANO

Name of Person	HISCO INCORPORATED
Firm/Company	4 MOSEY DRIVE
Address	BLOOMFIELD CT 06002
City/State and Zip code	ACCOUNTING@HISCOPUMP.COM
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

JENNIFER GULIANO	860	243-2705
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. HISCO, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- HISCO PUMP INC
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. CT 3. 06-1016144
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/18/80 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 07/01/16
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3621 EAST AMANDA COURT ST. JOHN'S FL 32259
(Principal office address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: JULIE DUBOIS
- Office Address: 3621 EAST AMANDA COURT
ST. JOHNS, Florida 32259
(City) (Zip code)

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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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JOSEPH A. MONTINERI

Address: 3621 EAST AMANDA COURT

ST JOHNS FL 32259

Vice President: ROY SJOLUND

Address: 4 MOSEY DRIVE

BLOOMFIELD CT 06002

Secretary: JULIE DUBOIS

Address: 3621 EAST AMANDA COURT ST JOHNS FL 32259

Treasurer: JOSEPH M. MONTINERI

Address: 4 MOSEY DRIVE BLOOMFIELD CT 06002

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. JOSEPH M MONTINERI, CFO/TREASURER

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

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TALLAHASSEE, FLORIDA

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

HISCO, INC.

a domestic STOCK corporation, was filed in this office on June 18, 1980, a certificate of dissolution
has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of
this office such corporation is in existence.



Secretary of the State

Date Issued: June 28, 2016

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA