

F16000004090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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16 SEP 12 AM 11:18
TALLAHASSEE, FLORIDA

SEP 15 2016

Y SULKER

Wf6-52060



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2016

DONNA PURZYCKI
20435 S SUSANA RD
LONG BEACH, CA 90810 US

SUBJECT: BACKFLOW APPARATUS & VALVE CO. INC.
Ref. Number: W16000052060

We have received your document for BACKFLOW APPARATUS & VALVE CO. 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

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: 816A00015648

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Backflow Apparatus & Valve Co. 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:

Donna Purzycki
Name of Person
Backflow Apparatus & Valve Co. Inc
Firm/Company
20435 S. Susana Rd.
Address
Long Beach, CA 90810
City/State and Zip code
donna@barco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Purzycki at (714) 826-5864
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. Backflow Apparatus & Valve Co. 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. California 3. 95-3375345
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1979 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 6/1/16
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 20435 S Susana Rd Long Beach CA 90810
(Principal office address)

9198 Christopher St. Cypress CA 90630
(Current mailing address, if different)

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

Name: Mark Canterbury

Office Address: 5631 Executive Dr
New Port Richey, Florida 34652
(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.

Mark Canterbury
(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

N/A

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: James Purzycki

Address: 20435 S. Susana Rd

Long Beach, CA 90810

Vice President: Robert Purzycki

Address: 20435 S. Susana Rd

Long Beach, CA 90810

Secretary: Donna Purzycki

Address: 20435 S. Susana Rd Long Beach, CA 90810

Treasurer: _____

Address: _____

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

12. _____

Donna A. Purzycki

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. _____

Donna A. Purzycki

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

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

BACKFLOW APPARATUS & VALVE

FILE NUMBER: C0919956
FORMATION DATE: 05/24/1979
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of July 13, 2016.

A handwritten signature in cursive script, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State



Online Banking

Main account: Account Activity Transaction Details



Check number: 00000066688

Post date: 07/26/2016

Amount: -70.00

Type: Check

Description: Check

	20435 S. SUSANA RD. LONG BEACH, CA 90810 (310) 639-5231	LA PALMA BRANCH 0731 BANK OF AMERICA 0576 P.O. BOX 6179 LA PALMA, CA 90222	16-00 1230	66688
***** SEVENTY DOLLARS AND 00 CENTS *****		CHECK NO.		
DATE		AMOUNT		
07/21/16		*****70.00		
PAY TO THE ORDER OF	06014 FLORIDA DEPT OF STATE REGISTRATION SEC DIV OF CORP P O BOX 6327 TALLAHASSEE, FL 32314	 AUTHORIZED SIGNATURE		
#066688# 1112200066610 07312-13422#				

005-150253-105253156
07/25/16 11:17 AM
07/25/16-01017-010

State of California
Secretary of State

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ALEX PADILLA
Secretary of State