

F16000005229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

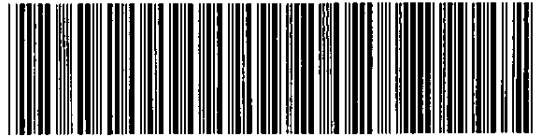
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300292291323

11/22/16--01014--019 **87.50

FILED
16 NOV 22 PM 1:46
TALLAHASSEE, FLORIDA

NOV 23 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations
IDEAL FASTENER CORPORATION

SUBJECT: _____
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:
JO ANNE GRANEY

Name of Person
IDEAL FASTENER CORPORATION

Firm/Company
603 WEST INDUSTRY DRIVE

Address
OXFORD, NC 27565

City/State and Zip code
jograney@idealfastener.com

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

For further information concerning this matter, please call:

Jo Anne Graney 919 693-3115 x 101

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.*

IDEAL FASTENER CORPORATION

1. _____
(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)
DELAWARE 56-1264574

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
12-20-1979

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
12/1/16

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
603 WEST INDUSTRY DRIVE OXFORD, NC 27565

7. _____
(Principal office address)
PO BOX 548 OXFORD, NC 27565

(Current mailing address, if different)

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

JEFFREY GUT

Name:

10800 BISCAYNE BLVD, SUITE 350B

Office Address:

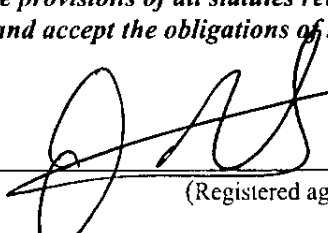
MIAMI

33161

_____, Florida _____
(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
16 NOV 22 PM 1:46
DEPARTMENT 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

RALPH GUT

President: _____

603 WEST INDUSTRY DRIVE

Address: _____

OXFORD, NC 27565

JEFFREY GUT

Vice President: _____

10800 BISCAYNE BLVD, SUITE 350B

Address: _____

MIAMI, FL 33161

MICHELLE GUT LOBEL

Secretary: _____

603 WEST INDUSTRY DRIVE OXFORD, NC 27565

Address: _____

STEVEN GUT

Treasurer: _____

603 WEST INDUSTRY DRIVE OXFORD, NC 27565

Address: _____

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. _____

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

16 NOV 22 PM 4:46
CLERK
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

JEFFREY GUT, Vice President

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "IDEAL FASTENER CORPORATION" IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF SEPTEMBER, A.D.
2016.



884151 8300

SR# 20165855790

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203025943

Date: 09-20-16