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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Section Division of Corporations					
	Willis Welding Compar	ıy, Inc.				
SUBJ	ECT:	me of corporation	on - mus	st include suffix		
Dear 9	Sir or Madam:	•				
"Certi	nclosed "Application by Foreig ficate of Existence," or "Certif referenced foreign corporation	icate of Good St	anding"	and check are subn		
Please	return all correspondence con	cerning this matt	er to the	e following:		
MYC	DRPORATION					
		Name o	f Person	1		
		Firm/Co	mpany			
26025	MUREAU RD STE 120		- •			
		Ado	lress			
CALA	BASAS, CA 91302					
		City/State	and Zip	code		
PROC	ESSING@MYCORPORATION.			_		
	E-mail ad	dress: (to be use	d for fut	ure annual report no	otification)	
For fu	rther information concerning the	nis matter, please	e call:			
		818 at (22	4-7639		
	Name of Person	Area Co	ode	Daytime Telepho	one Number	
	STREET/COURIER ADD	RESS:		MAILING AD	DRESS:	
Registration Section				Registration Section		
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327				
	2661 Executive Center Circl Tallahassee, FL 32301	e		Tallahassee, FL	. 32314	
Enclo	sed is a check for the following	g amount:				
□ \$7		Filing Fee & cate of Status		.75 Filing Fee & tified 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.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NORTH CARO	ble in Florida, enter alternate corporate name ac		-	
3/28/1986	· .	(FEI number, if a		
(Date UPON FILING	of incorporation) 5	(Date of duration, if other	er than perpetual)	
4220 Buffalo Sho	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150) als Rd, Maiden, NC 28650	2, F.S., to determine penalty liab	ility)	
Name and stree	(Current mailing t address of Florida registered agent: (P.O. Legaline Corporate Services Inc.	address, if different) Box NOT acceptable)	ANVINCES AND SEE	
Name:	5237 Summerlin Commons, Suite 400		of ST	コ
	Fort Myers	, Florida (Zip code)	30 RIDA	
laving been nam esignated in this urther agree to co	(City) ent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointm comply with the provisions of all statutes re amiliar with and accept the obligations of	e of process for the above sta ent as registered agent and a lative to the proper and comp	gree to act in this capa plete performance of m	icity.
	Mustin Pauls (Registered as	gent'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. DIRI	ECTORS			
Chairman	· ·			
Address:				
Vice Chai	rman:			
Address:				
Director:	Barbara Willis			,
	4220 Buffalo Shoals Rd, Maiden NC 28650			
	Michael E Willis			
	4220 Buffalo Shoals Rd, Maiden NC 28650	***	22	
		> Si 200		T
B. OFF	Michael E Willis	ASSEE, F	<u>۔</u> آ	Ш
	4220 Buffalo Shoals Rd, Maiden NC 28650	STATE	ų. ω	0
5	Barbara Willis	>		
	ident: 4220 Buffalo Shoals Rd, Maiden NC 28650			
a .	Barbara Willis			
Address:	4220 Buffalo Shoals Rd, Maiden NC 28650			· · · · · · · ·
Treasurer	Michael E Willis			
Address:	4220 Buffalo Shoals Rd, Maiden NC 28650			
NOTE:	off necessary, you may attach an addendum to the application listing additional actions of the company of the c	tional officers and/or	direct	ors.
are true a third d	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 abound that he or she is aware that false information submitted in a documen egree felony as provided for in s.817.155, F.S.	ve) affirms that the f t to the Department o	acts sta	ited herein constitutes



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

WILLIS WELDING COMPANY, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 28th day of March, 1986, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 3rd day of March, 2017.

Elaine I. Marshall

Secretary of State

Certification# 99888930-1 Reference# 13578250- Page: 1 of 1 Verify this certificate online at http://www.sosne.gov/verification