

F17000001908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

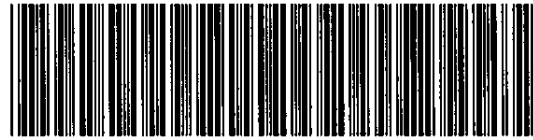
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

PENALTY + Sign W17-29955

Office Use Only



800297553138

04/27/17--01002--015 **650.00

04/06/17--01024--006 **78.75

FILED
2017 APR 25 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

APR 27 2017

Ks



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2017

ROBERT EDER
PRECISION CONVEYOR TECHNOLOGIES, INC.
276 VENICE PALMS BLVD.
VENICE, FL 34292

SUBJECT: PRECISION CONVEYOR TECHNOLOGIES, INC.
Ref. Number: W17000029955

RECEIVED
2017 APR 25 PM 12:49
TALLAHASSEE, FLORIDA

We have received your document for PRECISION CONVEYOR TECHNOLOGIES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

There is a balance due of \$650.00.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 817A00006797

COVER LETTER

TO: Registration Section
Division of Corporations
Precision Conveyor Technologies, Inc.

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:
Robert Eder

_____	Name of Person
Precision Conveyor Technologies, Inc.	
_____	Firm/Company
276 Venice Palms Blvd	
_____	Address
Venice, FL 34292	
_____	City/State and Zip code
ceder@precisionconveyor.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol Eder	440	352-6100
_____	at (_____)	_____
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:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

Precision Conveyor Technologies, Inc.

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)
Ohio 34-1659846

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
09/24/1990

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
04/08/2016

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
3785 Lane Rd., Perry, OH 44081

7. _____
(Principal office address)
276 Venice Palms Blvd., Venice, FL 34292

(Current mailing address, if different)

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

Robert Eder

Name: _____

276 Venice Palms Blvd.

Office Address: _____

Venice

34292

(City)

, Florida

(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
2017 APR 25 PM 2:20
SECRETARY 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

Robert Eder

President: _____

276 Venice Palms Blvd

Address: _____

Venice, FL 34292

Vice President: _____

Address: _____

Carol Eder

Secretary: _____

276 Venice Palms Blvd, Venice, FL 34292

Address: _____

Treasurer: _____

Address: _____

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

12. _____

Robert Eder **PRESIDENT**
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. _____

ROBERT EDER

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

FILED
2017 APR 25 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

FILED
2017 APR 25 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show PRECISION CONVEYOR TECHNOLOGIES, INC., an Ohio corporation, Charter No. 782277, having its principal location in Mentor, County of Lake, was incorporated on October 9, 1990 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 29th day of March, A.D. 2017.*

Jon Husted

Ohio Secretary of State

Validation Number: 201708804476