

F17000003132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

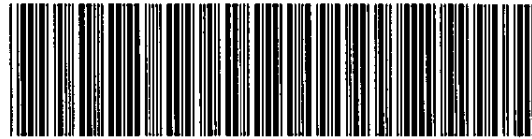
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800301045928

07/12/17--01017--008 **87.50

DIVISION OF CORPORATIONS

17 JUL 12 PM 3:08

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Triad Manufacturing 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:

Lori Cozart

Name of Person

Triad Manufacturing Inc.

Firm/Company

4321 Semple Avenue

Address

Saint Louis, MO 63120

City/State and Zip code

klevi@triadmfg.com

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

For further information concerning this matter, please call:

Lori Cozart

314

381-5280

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:

- ☐ \$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. Triad Manufacturing Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

TRIAD
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Missouri 3. 43-1587028
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/12/1991 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 6/5/2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2791 Cypress Dome Court, Saint Cloud FL 34772
(Principal office address)

(Current mailing address, if different)

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


Name: TRAC - The Registered Agent Company

Office Address: 236 E. 6th Avenue

Tallahassee, Florida 32303
(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
17 JUL 12 PM 3:08
DIVISION OF CORPORATIONS

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

A. DIRECTORS

Chairman: See attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

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. Jeffrey Finkelstein - Secretary

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

FILED
17 JUL 12 PM 3:08
DIVISION OF CORPORATIONS

Florida Department of State Division of Corporations
Application for authorization to transact Business in Florida

Corporation: Triad Manufacturing Inc.

FEIN: 43-1587028

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

David Caito
President
4321 Semple Ave
St. Louis, MO 63120

Robert Hardie
President
4321 Semple Ave
St. Louis, MO 63120

Michael McCormick
President & Secretary
4321 Semple Ave
St. Louis, MO 63120

Jeff Finkelstein
Secretary
4321 Semple Ave
St. Louis, MO 63120

Mark C. Huneke
Director
4321 Semple Ave
St. Louis, MO 63120

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

TRIAD MANUFACTURING, INC.
00357219

was created under the laws of this State on the 12th day of September, 1991, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 5th day of July, 2017.


Secretary of State



Certification Number: CERT-07052017-0052