# F17000005283

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	<del></del>
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer;	
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#### **COVER LETTER**

TO:	Registration Section				
	Division of Corpor				
n.	Professional I	Plastics, Inc.			
SUBJ	ECT:	Nama of a	<u> </u>	must include suffix	
		name of c	orporation -	must include surfix	
Dear S	ir or Madam:				
"Certif		or "Certificate of	Good Stand	ling" and check are sul	nct Business in Florida," comitted to register the
	return all correspondaglione	dence concerning	this matter	to the following:	
	•		Name of P	erson	
Profess	sional Plastics, Inc.				
		<del></del>	Firm/Comp	2nv	
1810 E	. Valencia Dr.		i iinii Conq	any	
					<del></del>
Fullerte	on, CA 92831		Addres	s	
<del></del> -	<del> ,</del>	C	ity/State an	d Zip code	
j.magli	one@proplas.com		•	•	
-		E-mail address: (to	be used fo	r future annual report	notification)
				·	
For fui	ther information cor	icerning this matte	r, please ca	ll:	
Jonathan Gulsvig			714	446-6500	
		at (		)	
	Name of Person		Area Code	Daytime Telep	hone Number
STREET/COURIER ADDRESS:			MAILING ADDRESS:		
Registration Section Division of Corporations				Registration Section	
	Clifton Building	auons	ions Division of Corporations P.O. Box 6327		
	2661 Executive Ce	nter Circle		Tallahassee, FL 32314	
	Tallahassee, FL 32	2301			
Enclos	ed is a check for the	following amount	:		
<b>=</b> \$70	0.00 Filing Fee	S78.75 Filing Fo Certificate of S		\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Professional Plas			
	orporation; must include "INCORPORATED," ' orp," "Inc," "Co," or "Corp.")	'COMPANY," "CORPORATION,"	
California		3-0108234	
(State or country 6/24/1985		(FEI number, if applica	
	(Date of incorporation)  (Date of duration, if other than perpetual)  N/A		perpetual)
1810 E. Valencia	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150) Dr., Fullerton, CA 92831		
·		office address)	·- ·-··
	(Current mailing	nddress, if different)	Tag T
. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. Terry Tewell	Box NOT acceptable)	NOV 2
Office Address:	12421 Heron Bayou Dr.		
	Tampa (City)	33635 , Florida (Zip code)	4: 47
laving been nam lesignated in this jurther agree to c	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rei amiliar with and accept the obligations of a	ent as registered agent and agree to lative to the proper and complete p	act in this capacity.

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:

	CTORS  David Kietzke	
	1810 E. Valencia Dr., Fullerton, CA 92831	
Audi ess.		
	Michael Kietze	
Vice Chai	rman:	
Address	2175 Kruse Dr., San Jose, CA 95131	
riddre,,		
Dieactor	Scott Patten	
imeetor.	1810 E. Valencia Dr., Fullerton, CA 92831	
Address:		
	Mark Casey	
	145 Mid County Dr.	
Address:	Orchard Park, NY 14127	
B. OFF	ICERS	
	David Kietzke	
President:	1810 E. Valencia Dr., Fullerton, CA 92831	
Address:	1810 E. Vaiencia Dr., Fullerion, CA 92831	
	Michael Kietzke	
Vice Pres	ident:	
	2175 Kruse Dr., San Jose, CA 95131	হুচি হৈ
Address:		- Archen
		<u>当形                               </u>
2	Scott Patten	55 2 元
Secretary	1810 E. Valencia Dr., Fullerton, CA 92831	
Address:		<u></u>
***	John Maglione	
Treasurer	1810 E. Valencia Dr., Fullerton, CA 92831	<del>- 500</del> - 7
Address:		
NOTE:	If necessary, you may attach an addendum to the application listing addition	nal officers and/or directors.
12.		
	Signature of Director or Officer	
	there or director signing this document (and who is listed in number 11 above)	
	and that he or she is aware that false information submitted in a document to egree felony as provided for in s.817.155, F.S.	the Department of State constitutes
	id Kietzke, President/CEO	
13		
	(Typed or printed name and capacity of person signing appli	ication)

### State of California Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

PROFESSIONAL PLASTICS, INC.

FILE NUMBER:

C1343270

FORMATION DATE:

06/24/1985

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 October 17, 2017.

ALEX PADILLA
Secretary of State