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(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only

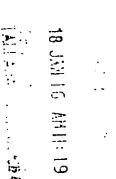


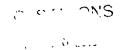
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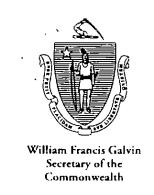
Division of Corporations	
SUBJECT: National Coating (orporation
Name of corpora	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact bu	
Please return all correspondence concerning this ma	atter to the following:
Philip Johenning Name	
Name	e of Person
National Coating Corporat	ï Ou
Firm/G	Company
Rockland, MA 02370 City/Sta p johenning natcoat: On E-mail address: (to be us	
A	ddress
Rockland, MA 02370	
City/Sta	te and Zip code
piohenning natcoation	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
at 1 /	
Philip Johenning at (78) Name of Person at (78)	1) 879-2781 × 6278
Name of Person Area 6	Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOR	REIGN CORPORATION TO TRANSACT BUS	
1. Nationa	Orporation; must include "INCORPORATED," "	1
(Enter name of co	orporation; must include "INCORPORATED," "(orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"
,,	,,,,,,,,,,,,,,	
(If name unavaila	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Florida)
2. <u>Massach</u>	usetts 3.	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)
4. <u>7/ </u>	<u> 1974 5</u> _	(Date of duration, if other than perpetual)
`(Date	of incorporation)	(Date of duration, if other than perpetual)
6	(Day 5 minus 1)	
	(Date first transacted business in Fi (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) F.S., to determine penalty liability)
7. 105 1	Industrial Way Rockland	1, MA 02970 F
	(Principal	office address)
		· · · · · · ·
	(Current mailing a	address, if different)
8 Name and atree	toddaga of Florida anticonad and a Maria	Box NOT acceptable)
	et address of Florida registered agent: (P.O. I	Sox <u>NO I</u> acceptable)
Name:	Erland Seavey	
Office Address:	1531 Counie Jane	
	Sebastian	Clasica 200K9
	(City)	, Florida
9. Registered age	nt's acceptance.	
Having been nam	ed 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 appointmen	nt as registered agent and agree to act in this capacity. I
duties, and I am f	ompsy with the provisions of all statutes reid amiliar with and accept the obligations of n	ntive to the proper and complete performance of my sy position as registered agent.
	(Rogistered age	
,	(Rogistered age	ur 2 signarqie)

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.

	and business addresses of officers and/or directors:	
A. DIREC		
Chairman: _	YAUL STEFANUTTI	
Address:	319 PURITAN AVE	
	BIRMINGHAM, MI 48009	
Vice Chairma	in:	
Address:		
Director:	LAURA WILLIAMERTH	
Address:	319 PURITAN AVE	
	BIRMINGHAM, MI 48009	
	OSCAR STEFANUTTI	
Address:	319 PURITON AVE	- 6
_	BIRMINGHAM, MI 48009	18 13.
B. OFFIC	ERS	
President: _	PAUL STEFANUTTI	
Address:	319 PURITAN AVE	·
	BIRMINGHAM, MI 48009	1. /p. /p.
Vice Preside	nt:	
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	t the facts stated herein
are true and	that he or she is aware that false information submitted in a document to the Department for the Department as provided for in s.817.155, F.S.	
13.	(Typed or printed name and capacity of person signing application)	
	(Typed or printed name and capacity of person signing application)	



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02138

Date: January 10, 2018

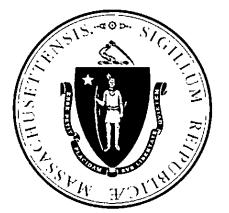
To Whom It May Concern:

Thereby certify that,

NATIONAL COATING CORPORATION

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on July 01, 1974.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Certificate Number: 18010169930

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: