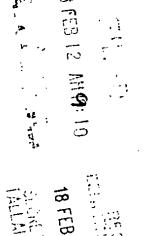
# F18000000117

	(Requestor's Name)	
	(Address)	-
	(Address)	
	(City/State/Zip/Phone #)	<del></del>
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	<u> </u>
-	(Document Number)	<u></u>
ertified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
	·	_
	Office Use Only	



900308676849



O SIMMONS FEB 1 3 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Talinassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE AUTHORIZATION COST LIMIT : \$ 70.00 ORDER DATE: February 8, 2018 ORDER TIME : 9:50 AM ORDER NO. : 064315-005 CUSTOMER NO: 4326079 FOREIGN FILINGS NAME: CUSTOM PIPE & COUPLING CO., INC. XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

#### **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJ		ipe & Coupling Co.					
0020		Name	of corporation	n - must	nclude suffix		
Dear S	ir or Madam:						
"Certif	icate of Existenc	ion by Foreign Co e," or "Certificate in corporation to to	of Good Sta	nding" a	nd check are sub		Isiness in Florida," ed to register the
Please	return all corresp	oondence concerni	ng this matte	r to the f	ollowing:		
Jerry A	. Witkow						
			Name of	Person			
Shaped	Inc.						
•	<del></del>		Firm/Con	npany			
1666 2	0th Street, Suite 10	00					
	. <del>-</del>		Addr	ess			
Santa A	Monica, California	90404					
jwitkov	w@shapcoinc.com		City/State a	ind Zip c	ode		
		E-mail address	: (to be used	for futur	e annual report r	notifi	cation)
For fur	ther information	concerning this m	atter, please	call:			
Jerry A	Witkow	at ()  e of Person Area Code Daytime Telephone Number					
	Name of Perso		Area Coo	ie	Daytime Telep	hone	Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclos	ed is a check for	the following amo	ount:				
<b>\$</b> 70	0.00 Filing Fee	☐ \$78.75 Filing Certificate o			5 Filing Fee & led Copy	٥	\$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," "CORPORATION,"	<del></del>	
California	able in Florida, enter alternate corporate name add 9: 3. y under the law of which it is incorporated)	opted for the purpose of transacting busi 5-2947888 (FEI number, if applicab		
01/28/1975				
	of incorporation)	(Date of duration, if other than perpetual)		
6.				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ue, Stanton, California 90680 (Principal	orida, if prior to registration) , F.S., to determine penalty liability) office address)	1877 8	
	· '	·		
	(Current mailing a	address, if different)	2	
8. Name and stree	et address of Florida registered agent: (P.O.   Corporation Service Company	Box <u>NOT</u> acceptable)	Service Servic	
Office Address:	1201 Hays Street	<del></del>		
	Tallahassee	32301 , Florida		
	(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.

Revistered agent's signature)

Revistered agent's signature)

0. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to ne Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction nder the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Bernard Shapiro Chairman: 1666 20th Street, Suite 100 Address: Santa Monica, California 90404 Vice Chairman: Address: Leonard Shapiro Director: 1666 20th Street, Suite 100 Address: Santa Monica, California 90404 Director: **B. OFFICERS** Danny Daniel President: 12641 FM 3083 Road Address: Conroc, Texas 77302 Vice President: Address: \_ Jerry A. Witkow ecretary: 1666 20th Street, Suite 100, Santa Monica, California 90404 ddress: Tami Lovell reasurer: 10560 Fern Avenue, Stanton, California 90680 TE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer : officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein true and that he or she is aware that false information submitted in a document to the Department of State constitutes ird degree felony as provided for in s.817.155, F.S.

Jerry A. Witkow, Secretary

#### State of California

### Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

CUSTOM PIPE & COUPLING CO., INC.

FILE NUMBER:

C0730121

FORMATION DATE:

01/28/1975

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 February 09, 2018.

ALEX PADILLA Secretary of State