

F18000000821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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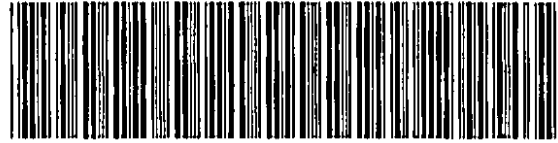
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
Breaker Technology, 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:  
Aleyce M. Fontenot

_____	Name of Person
Chambliss, Bahner & Stophel, P.C.	
_____	Firm/Company
605 Chestnut St., Ste. 1700	
_____	Address
Chattanooga, TN 37450-0019	
_____	City/State and Zip code
business@chamblisslaw.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aleyce M. Fontenot	423	321-0415
_____	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 checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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.

Breaker Technology, Inc.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

July 29, 1999

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
30625 Solon Industrial Pkwy; Solon, OH 44139-4389

7. \_\_\_\_\_  
(Principal office address)  
Aleyce M. Fontenot; Chambliss, Bahner & Stophel, P.C.; 605 Chestnut St., Ste. 1700; Chattanooga, TN 37450-0019  
\_\_\_\_\_  
(Current mailing address, if different)


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

Name: NRAI Services, Inc.  
1200 S. Pine Island Rd.

Office Address: \_\_\_\_\_  
Plantation 33324-4413  
\_\_\_\_\_, 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.*



Patricia A. Boverie, Asst. Secretary  
(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.

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

**A. DIRECTORS**

Benjamin G. Brock

Chairman: \_\_\_\_\_

4101 Jerome Ave.

Address: \_\_\_\_\_

Chattanooga, TN 37407-2915

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Donald J. Sissons

Director: \_\_\_\_\_

30625 Solon Industrial Pkwy

Address: \_\_\_\_\_

Solon, OH 44139-4389

Richard A. Patek

Director: \_\_\_\_\_

10910 N. Industrial Dr.

Address: \_\_\_\_\_

Mequon, WI 53092-4331

**B. OFFICERS**

Donald J. Sissons

President: \_\_\_\_\_

30625 Solon Industrial Pkwy

Address: \_\_\_\_\_

Solon, OH 44139-4389

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Stephen C. Anderson

Secretary: \_\_\_\_\_

1725 Shepherd Rd., Chattanooga, TN 37421-2947

Address: \_\_\_\_\_

David C. Silvious

Treasurer: \_\_\_\_\_

1725 Shepherd Rd., Chattanooga, TN 37421-2947

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.

Stephen C. Anderson, Secretary

13. \_\_\_\_\_

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

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ALLIANCE FLORIDA



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**CHAMBLISS, BAHNER & STOPHEL, P.C.**  
605 CHESTNUT ST STE 1700  
CHATTANOOGA, TN 37450

February 8, 2018

**Request Type: Certificate of Existence/Authorization**  
Request #: 0266093

Issuance Date: 02/08/2018  
Copies Requested: 1

**Document Receipt**

Receipt #: 003803017 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3721177445 \$20.00

**Regarding: BREAKER TECHNOLOGY, INC.**  
Filing Type: For-profit Corporation - Domestic  
Formation/Qualification Date: 07/29/1999  
Status: Active  
Duration Term: Perpetual  
Business County: HAMILTON COUNTY

Control #: 374742  
Date Formed: 07/29/1999  
Formation Locale: TENNESSEE  
Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**BREAKER TECHNOLOGY, INC.**

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

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