# F180000001081

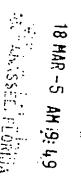
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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### **COVER LETTER**

то:	_	tration Section of Cor						
CHDI	ECT:		ansmission Sales &	Service, In	ic.			
SUDI	ECI		Name	of corpora	tion - mu	st include suffix		
Dear S	Sir or M	adam:						
"Certi	ficate o	f Existenc		e of Good S	Standing'	and check are sub	ct Business in Florida," mitted to register the	
Please Stacy (		all corresp	oondence concern	ing this ma	atter to th	e following:		
				Name	of Perso	n		
Darteo	Transm	ission Sale	s & Service, Inc.					
4390 N	V Long F	Road		Firm/C	Company			
				A	ddress			
Colum	ibus IN	47203						
sgray@	dartcot	ransmissio	n.com	City/Sta	te and Zi	p code		
			E-mail addres	s: (to be us	ed for fu	ture annual report	notification)	
For fu	rther in	formation	concerning this r	natter, plea	se call:			
			812	31	78-9599			
	Nam	e of Perso	n	at (	) Code	Daytime Telep	hone 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		
Enclos	sed is a	check for	the following am	ount:				
<b>=</b> \$70	0.00 Fil	ing Fee	S78.75 Filin Certificate			.75 Filing Fee & tified Copy	S87.50 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. [	Enter name of co	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	<del> </del>		
J	Dartco Transmis	ssion Sales & Service, Corporation				
(	lf name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)		
	California	3	95-3559381			
_	12/19/1980	y under the law of which it is incorporated)	(FEI number, if appl			
4	(Date	of incorporation) 5.	(Date of duration, if other than perpetual)			
6			n Florida, if prior to registration)			
7	390 N Long Roa Columbus IN	(SEE SECTIONS 607.1501 & 607.1 ad (Princi	502, F.S., to determine penalty liability pal office address)	18 ##		
			ng address, if different)	₹ - 5	••	
8. 1	Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)		٠.	
	Name:	Earl R Sellars, Jr.		1.9:49 1.9:49		
Offi	ce Address:	16349 Andrews Circle		<b>9</b>		
		Cedar Key	32625 Florida			
		(City)	(Zip code)			
Hav	ing been nam	ent's acceptance: ed as registered agent and to accept serv application, I hereby accept the appoint				

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 obtigations 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_\_\_ Address: \_\_ Vice Chairman: \_\_\_\_\_ Address: \_\_\_ Address: \_\_\_ Director: Address: \_ **B. OFFICERS** Earl R Sellars President: 16349 Andrews Circle Address: \_ Cedar Key FL 32625 James Peek Vice President: 1145 N Red Gum St Address: Anaheim CA 92806 Jason Knotts Secretary: 3601 N Graham Street, Charlotte, NC 28206 Address: Treasurer: \_ Address: \_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Earl R Sellars, Jr. 13.

# State of California Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

DARTCO TRANSMISSION SALES & SERVICE

FILE NUMBER:

C1012830

FORMATION DATE:

12/19/1980

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 January 18, 2018.

ALEX PADILLA
Secretary of State