

F18000001917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

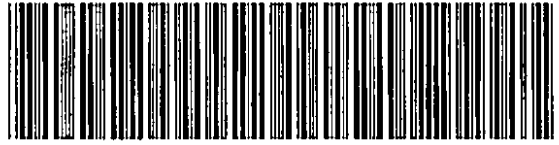
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600312039406

04/23/18--01026--020 **87.50

FILED
2018 APR 23 AM 10:16
STATE OF FLORIDA
FILED IN HALL COUNTY

APR 24 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Executive Automation Systems, Inc.

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:

Erik D. Bigelow, Esq.

Name of Person

Executive Automation Systems, Inc.

Firm/Company

P.O. Box 501818

Address

Indianapolis, IN 46250

City/State and Zip code

ebigelow@emsinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erik D. Bigelow

at (317) 813-1485

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:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$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.

1. Executive Automation Systems, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Indiana 3. 28-2891331
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 21, 2010 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4162 EMS Blvd., Greenfield, IN 46140
(Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Holly Jones
Assistant Vice President
(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.

FILED
2010 APR 23 AM 10:10
STATE OF FLORIDA
DEPARTMENT OF STATE

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

A. DIRECTORS

Chairman: David A. Bego

Address: P. O. Box 501818
Indianapolis, IN 46250

Vice Chairman: Barbara A. Bego

Address: P. O. Box 501818
Indianapolis, IN 46250

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: David A. Bego

Address: P.O. Box 501818
Indianapolis, IN 46250

Vice President: Barbara A. Bego

Address: P. O. Box 501818
Indianapolis, IN 46250

Secretary: Barbara A. Bego

Address: P.O. Box 501818
Indianapolis, IN 46250

Treasurer: _____

Address: _____

FILED
2011 APR 23 AM 10:12
STATE OF INDIANA
CLERK OF SUPERIOR COURT

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.

13. Barbara A. Bego, VP / Secretary

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

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

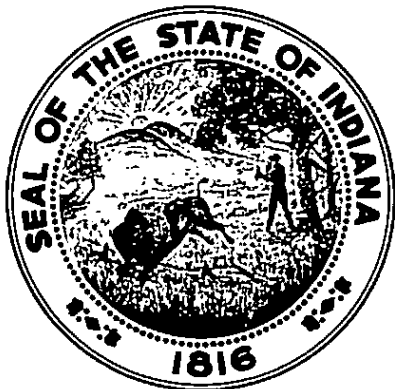
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

EXECUTIVE AUTOMATION SYSTEMS INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on June 21, 2010, and was in existence or authorized to transact business in the State of Indiana on April 18, 2018.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 18, 2018

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2010062100708 / 2018594500

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on May 18, 2018.