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| (Req | uestor's Name) | |
|---|-----------------|-------------|
| (Add | ress) | |
| (Add | ress) | |
| (City | /State/Zip/Phon | ne #) |
| PICK-UP | WAIT | MAIL |
| (Bus | iness Entity Na | me) |
| (Document Number) | | |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| Renalty W18 | 8-39478 | ? |

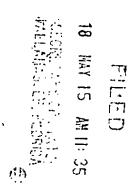
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O SIMMONS



April 26, 2018

JOAN BRIGHAM 4748 PACIFIC AVE ERIE, PA 16506

SUBJECT: WALKER FILTRATION INC.

Ref. Number: W18000039478

We have received your document for WALKER FILTRATION INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1250.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 718A00008643

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Dalkas Filtration 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: |
| Joan M. Brigham Name of Person |
| Walker Filtration Inc |
| 4748 Pacitic Aux |
| ETT FA 16506 City/State and Zin code |
| City/State and Zip code |
| For further information concerning this matter, please call: |
| Name of Person at (814) 836 - 2900 x 43 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 — 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 & ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ Certificate of Status & Certified Copy 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. (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. A 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. O - 1994 5. (Date of incorporation) (Date of duration, if other than perpetual) 05-31-2013
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Struice Company.

1201 Hayes St.

Tallahassea, Florida 3230 (
(City) (Zip code) Office Address: 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 Lamfamiliar with and accept the obligations of my position as registered agent.

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: | |
| | - |
| D. | |
| Director: | |
| Address: | |
| | |
| Director: | |
| Address: | |
| | * *********************************** |
| B. OFFICERS | F |
| | 1 |
| President: Richard P. Taylor Address: 4748 Pacific Ave | 5 7 |
| _ | |
| Eriz PA 16506 | |
| Vice President: Ralph A. FETTIS | <u> </u> |
| Address: 4748 Pacific Ave | AN |
| Erie, PA 16506 | |
| · · | |
| Secretary: | |
| Address: | |
| Treasurer: | |
| Address: | |
| NOTE: If necessary, you may attney an addendum to the application listing | additional officers and/or directors. |
| 12 (1) (1) (1) | |
| Signature of Director or Officer | |
| The officer or director signing this document (and who is listed in number 11 are true and that he or she is aware that false information submitted in a docu | |
| a third degree felony as provided for in s.817.155, F.S. | |
| 13. LICAGED P. TAYLOR - PERTIDENT | • |
| (Typed or printed name and capacity of person signi | ng application) |

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 03/19/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

WALKER FILTRATION INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

OF THE COAMOR SECONDARY

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Robert Lanes

Certification Number: TSC180319141541-2

Verify this certificate online at http://www.corporations.pa.gov/orders/verify