FACOUNTED

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer.	
I		

Office Use Only



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2/12/19 05



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	02/12/2019		
	Chris Vick	_	
Reference	e #: 1045991		2019
	me: ME	STEK, INC.	FEB 12
₽ Art	ticles of Incorporation/Authorizatio		2 A 5: 56 87 3 CT/16 8EEL FI DRIUA
Ch	nange of Agent		
☐ Re	einstatement		
☐ Co	onversion		
□ Ме	erger		
☐ Dis	ssolution/Withdrawal		
☐ Fic	ctitious Name		
₽ Otl	her CERTIFIED COPY & C	ERTIFICATE OF STATUS UPOR	N FILING
Authorize	ed Amount: / \$87.50		



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	02/12/2019		
Name:			
Reference	#:1045991		
Entity Nam	e:	MESTEK, INC.	
✓ Artic	cles of Incorporation/Author	ization to Transact Business	2019 FALL
Ame	endment		
Cha	nge of Agent		FEB 12 A
☐ Rein	nstatement		
Con	version		
☐ Merg	ger		
Diss	olution/Withdrawal		
☐ Fictif	tious Name		
✓ Othe	er CERTIFIED COP	Y & CERTIFICATE OF STATUS UP	ON FILING
Authorized	Amount: \$87.50	<u> </u>	
Signature:	1 Kg 1/7		

COVER LETTER

TO:	Registration Division of C							
SUR	ECT:	Mest	ek, Inc.					
o o ba		Na	ame of corpor	ation - mus	include suffix			
Dear :	Sir or Madam:							
"Certi above	ficate of Existe referenced for		scate of Good to transact bu	Standing" isiness in F				
		•	-	/ Lacoste	•			
			. 	e of Person				
			Mes	tek, Inc.			ALL:	2019
				Company			πi ² i	(L)
			260 Nort	h Elm Str	eet		35 15 55 25	
				ddress	-		71	.?
			Westfield	I, MA 010)85		22	\triangleright
			City/St	ate and Zip	code		<u>:</u>	ىن.
			clacoste@	mestek.	com		; ·	எ
		E-mall ad	dress: (to be u	sed for futt	re annual report	notification)		,
For fu	rther informati	on concerning t	his matter, ple	ase call:				
	Cindy L	acoste	at (4	13)_	564-5	5816		
	Name of Per	rson	Area	Code	Daytime Telep	phone Number		
Enclo	Registration Division of C Clifton Build 2661 Execut Tallahassee,	Corporations ling ive Center Circl	e _		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 7		
	0.00 Filing Fee	\$78.75	Filing Fee & cate of Status		75 Filing Fee & fied Copy	\$87.50 Fi Certifica Certified	te of Status	&

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.

	Mestek, Inc.					
	poration; must include "INCORPORAT p," "Inc," "Co," or "Corp.")	ED," "C	OMPANY," "CORPORATION,"	-		
(If same upayailah	le in Florida, enter alternate corporate n	ame adop	ed for the number of transacting h	usiness in Florida)		
•	PA	•		•		
(State or country	under the law of which it is incorporated	3. 25-0661650 (FEI number, if applicable)		capic)		
	1898					
	of incorporation)		(Date of duration, if other the	n perpetual)		
		N/A				
	(Date first transacted busin (SEE SECTIONS 607.1501 & 6		ida, if prior to registration) S., to determine penalty fiability)			
	260 North Elm Stree	et, West	field, MA 01085			
	(P:	incipal of	fice address)	2019 355 765 765		
	(Current r	neiling ad	dress, if different)	1		
. Name and street	address of Florida registered agent:	(P.O. Bo	ox NOT acceptable)	S 2		
Name:	COGENCY GLOBAL IN	C	-			
Office Address:	115 North Calhoun Street, S	uite 4				
	Tallahassee		, Florida 32301	<u></u>		
	(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.

(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:	Stewart B. Reed			
Address:	260 North Elm Street			
	Westfield, MA 01085			
Vice Chairman:	J. Nicholas Filler			
	260 North Elm Street			
	Westfield, MA 01085			
Director:	Daniel P. Boyle			
	One Monarch Place			
	Springfield, MA 01144			
Director:	Christopher Chivetta			
	622 Emerson Road, Suite 200			
	St. Louis, MO 63141			
B. OFFICERS	3	7. C	2019	
President:	R. Bruce Dewey			7
	260 North Elm Street	の in (2) (3) (2) (4)	~	<u>.</u>
	Westfield, MA 01085		D	<u> </u>
Vice President:	Stephen M. Shea	<u> </u>	نن	* , ,,
	260 North Elm Street	 	ണ	
	Westfield, MA 01085			
Secretary:	Steven F. Olearcek			
Address:	260 North Flm Street Westfield MA 01085			
Treasurer:	Stephen M. Shea			
Address:	260 North Eim Street, Westfield, MA 01085			
	essary, you may hisch an adderdum to the application listing additional officers as	nd/or directo	ors.	
12.				
The officer or d	Signature of Director or Officer lirector signing this document (and who is listed in number 11 above) affirms that the or she is aware that false information submitted in a document to the Departmeter as provided for in s.817.155, F.S.			
13	Steven F. Olearcek, Vice President, General Counsel and Secre	etary		
	(Typed or printed name and capacity of person signing application)			

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

02/11/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

MESTEK, 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.

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

Certification Number: TSC190211161512-1

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