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| (Requestor's Name) |
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| ☐ PICK-UP ☐ WAIT ☐ MAIL |
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| (Business Entity Name) |
| (Dusiness Littly Name) |
| (December Months 2007) |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2019

DIWAKAR MOKADAM 2ND REQUEST 4901 CLIFTON PKWY HAMBURG, NY 14075

SUBJECT: BON FILTRATION AND PROCESS EQUIPMENT, INC.

Ref. Number: W19000029478

We have received your document for BON FILTRATION AND PROCESSE EQUIPMENT, 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):

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Dionne M Scott Regulatory Specialist II

Letter Number: 119A00007009

RECEIVED
APR 2 6 2019

COVER LETTER

| то: | Registration of | n Section Corporations | | | | | | |
|---------|--|---|-----------------------------|-------------|---|-------------------------------------|---------------------|----------|
| SUBJ | ECT: BON | Filtration and Pro | ocess Equipment | | | | | |
| | | ì | Name of corpora | ition - mu | st include suffix | | | |
| Dear S | Sir or Madam: | : | | | | | | |
| "Certi | ficate of Exis | | ificate of Good | Standing' | orization to Transact " and check are subn Florida. | | | |
| Please | return all cor | respondence co | ncerning this m | atter to th | e following: | | | |
| Diwaka | ar Mokadam | | | | | | _ | |
| | | | Name | e of Perso | n | | | |
| BON F | iltration and P | rocess Equipment | 1 | | | | | |
| | | | Firm/ | Company | | | - P | |
| 4901 C | lifton Parkway | , | | | | • | . 15 | 2 4 2 mg |
| | | | A | ddress | | <u>-</u> | 2: | |
| Hambu | rg, NY. 14075 | | | | | ~ | Ç., | |
| | | | City/Sta | ite and Zij | p code | , = | <u>۔ کنہ</u> ریب | **** |
| diwaka | r@bonfiltratio | n com | | | | | Ċ. | |
| GIWAKA | Tugoommano. | | ddress: (to be us | sed for fu | ture annual report no | tification) | | |
| For fur | ther informat | ion concerning | this matter, plea | ise call: | | | | |
| Diwaka | ır Mokadam | | at (716 |) 35 | 59-3313 | | | |
| | Name of Pe | erson | Area | Code | Daytime Telepho | one Number | | |
| Enclos | Registration Division of Clifton Buil 2661 Execu Tallahassee | Corporations ding tive Center Circ , FL 32301 | :le | | MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL | ction porations | | |
| | 0.00 Filing Fe | | Filing Fee & cate of Status | | .75 Filing Fee & tified Copy | \$87.50 F Certifica Certified | ate of S | |

APPLICATION 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.

| i. | BON Filtration and Process Equipment, Inc. | | | | | | |
|-------------------------|--|-----------------------------|--|------------|---------------------|---------------|--|
| | (Enter name of corporation; must include "INCORPORATED "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") | ı,`` ' | COMPANY," "CORPORATIO | N," | _ | | |
| | | | | | · m | 1. | |
| า | (If name unavailable in Florida, enter alternate corporate name New York 3 | | opted for the purpose of transacti 5 520 3667 | ng busines | ss in Floti | da) | |
| ۷. | (State or country under the law of which it is incorporated) | (FEI number, if applicable) | | | | | |
| 4. | August 2009 5 | · _ | , | | | | |
| (Date of incorporation) | | | (Date of duration, if other than perpetual) | | | | |
| 6. | | | | | | | |
| 7 | (Date first transacted business (SEE SECTIONS 607.1501 & 607.1 | | | lity) | 2819 | | |
| 1 | | ipal | office address) | | :: ::: | • | |
| | | | | | ئ ۃ ج | <u>.</u> | |
| | (Current mail | ing : | address, if different) | | , | | |
| 8. | Name and street address of Florida registered agent: (P. | .O. I | Box <u>NOT</u> acceptable) | | ^ 3 5b | * 49 * | |
| | Name: Diwakar Mokadam | | | • | J | | |
| Ot | ffice Address: 16512 Whispering Trace Court | | _ | | | | |
| | Fort Myers | | , Florida <u>33908</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)

Divaker R Mokadan - President BON

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Process 2 granuat

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 based addresses of officers and/or directors:

| | T\ I | 173 | 10 | ~~ | - | n | \mathbf{c} |
|----|------|-----|----|-----|----|---|--------------|
| А. | .,, | ıĸ | ۲. | ŧ., | ΓO | к | |

| Chairman: Christine Mokadam | |
|---|----------------------------------|
| Address: 16512 Whispering Trace Court | |
| Fort Myers, FL. 33908 | |
| Vice Chairman: Diwakar Mokadam | <u> </u> |
| Address: 16512 Whispering Trace Court | |
| Fort Myers, FL. 33908 | |
| Director: Kate Mokadam | |
| Address: 4901 Clifton Parkway | |
| Hamburg, NY. 14075 | |
| Director: | |
| Address: | |
| | |
| B. OFFICERS | 2013 |
| President: Diwakar Mokadam | 1 图 1 |
| Address: 16512 Whispering Trace Court | 25 1 |
| Fort Myers, FL. 33908 | |
| Vice President: Christine Mokadam | EII on |
| Address: 16512 Whispering Trace Court | |
| Fort Myers, FL. 33908 | |
| Secretary: Kate Mokadam | |
| 4001 CHO D. I | |
| Treasurer: | |
| Address: | |
| NOTE: If necessary, you may attach an addendum to the application listing addit | ional officers and/or directors |
| | ional officers and/or directors. |
| Signature of Director or Officer | |

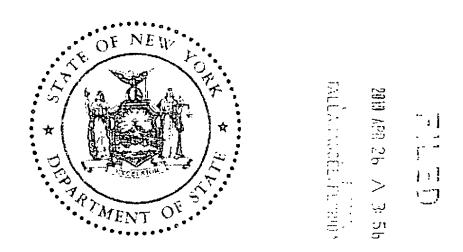
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of BON FILTRATION AND PROCESS EQUIPMENT INC. was filed on 04/19/2012, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



经济特

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 27th day of February two thousand and nineteen.

Whitney Clark

Deputy Secretary of State