

F19 000004919

(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



900334752539

10/30/19--01039--031 **1700.00

09/27/19--01015--018 **87.50

T. CLINE
OCT 30
EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 OCT 28 PM 1:57

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2019

JEWEL ZOLMAN
915 W. IMPERIAL HWY., STE 160
BREA, CA 92821

SUBJECT: NATIONWIDE CONTROLS, INC.
Ref. Number: W19000091829

We have received your document for NATIONWIDE CONTROLS, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

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 \$1700.00.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline
Regulatory Specialist III

Letter Number: 219A00021298

FILED
2019 OCT 28 PM 1:57
SECRETARY OF STATE
TAMMI CLINE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nationwide Controls, 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:
Jewel Zolman, Controller

	Name of Person
Nationwide Controls, Inc.	
	Firm/Company
915 W. Imperial Hwy., Suite 160	
	Address
Brea, CA 92821	
	City/State and Zip code
sutax@controlscentral.com	
	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Braid DeWeese	714	529-6900 Ext 120
Name of Person	Area Code	Daytime Telephone Number

FILED
 2019 OCT 28 PM 1:57
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

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.

Nationwide Controls, Inc.

1. (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) California 27-1906880

2. (State or country under the law of which it is incorporated) California 3. (FEI number, if applicable) Perpetual

4. (Date of incorporation) 02/08/10 5. (Date of duration, if other than perpetual)

6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 915 W. Imperial Hwy., Suite 160, Brea, CA 92821

7. (Principal office address) Same as above

(Current mailing address, if different)

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

United States Corporation Agents, Inc. Name: 5575 S. Semoran Blvd. Suite 36 Office Address: Orlando, Florida 32822 (City) (Zip code)

2018 OCT 28 PM 1:57 FILED DEPARTMENT OF STATE TALLAHASSEE, FLORIDA

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.

CM Cheyenne Moseley, Asst. Secretary on behalf of United States Corporation Agents, Inc. (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.

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.

Nationwide Controls, Inc.

1. (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. California 27-1906880 3.

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. California 5. Perpetual

(Date of incorporation) (Date of duration, if other than perpetual)

02/08/10

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

915 W. Imperial Hwy., Suite 160, Brea, CA 92821

7. (Principal office address)

Same as above

(Current mailing address, if different)

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

United States Corporation Agents, Inc. Name:

Office Address: 5575 S. Semoran Blvd. Suite 36

Orlando, Florida 32822 (City) (Zip code)

FILED 2019 OCT 28 PM 1:57 DEPT. OF STATE TALLAHASSEE FLORIDA

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.

See other page

(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

Michael Sackett

Chairman: _____

915 W. Imperial Hwy., Suite 160, Brea, CA 92821

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

Michael Sackett

President: _____

915 W. Imperial Hwy., Suite 160, Brea, CA 92821

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

FILED
2019 OCT 28 PM 1:57
CLERK OF SUPERIOR COURT
COUNTY OF FLORIDA

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.

Michael Sackett, President

13. _____

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

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

NATIONWIDE CONTROLS, INC.

FILE NUMBER: C3277486
FORMATION DATE: 02/08/2010
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 September 03, 2019.

A handwritten signature in black ink, appearing to read 'Alex Padilla'.

ALEX PADILLA
Secretary of State