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(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:				

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WINDEC 20 PO PRA

COVER LETTER

TO: Registration Section Division of Corp			
SUBJECT: EMSCO, II	nc.		
		on - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence,	n by Foreign Corporation for or "Certificate of Good Steel Corporation to transact busi	or Authorization to Transact Business in Florida," anding" and check are submitted to register the ness in Florida.	
Please return all correspo	ndence concerning this mat	ter to the following:	
Craig Johnson			
	Name o	of Person	
Indel, Inc.			
	Firm/Co	ompany	
10 Indel Ave, PO Box 157			
	Ado	Iress	
Rancocas, NJ 08073-0157			
-	City/State	and Zip code	
cjohnson@indelinc.com			
	E-mail address: (to be used	l for future annual report notification)	
For further information ec	ncerning this matter, please	call:	
Craig Johnson	31 (609	267-9000 Ext. 226	
Name of Person	Area Co	de Daytime Telephone Number	
STREET/COUR Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	IER ADDRESS: on rations lahassee Street, Suite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	o: FLORIDA DEPARTMEN	T OF STATE □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.

L. EMSCO, Inc.				
(Enter name of o	corporation: must include "INCORPORATED Torp." "Inc." "Co," or "Corp.")	." "COMPANY." "CORPORA	VTION,"	
(If name unavail	lable in Florida, enter alternate corporate name	adopted for the purpose of tran	sacting business in F	lorida)
		51-0271354		
(State or country under the law of which it is incorporated) 4. 8/15/1983 5.		(FEI number, if applicable)		
(Date of incorporation)		(Date of duration, if o	other than perpetual)	
7. 1000 Nave Road.	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 S.E., Massillon, OH 44646	n Florida, if prior to registration 502, F.S., to determine penalty l	i) liability)	_
_		ice street address)		
PO Box 157. Rai	neocas, NJ 08073-0157			
8. Name and <u>stree</u> Name: Office Address:	tCurrent mailing taddress of Florida registered agent: (P.C. Protel, Inc. 4150 Kidron Road Lakeland (City)	D. Box NOT acceptable) Florida 33811 (Zip code)	2019 DEC 20 P 16 21	FILED

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.

Dennis J. Bell, Treasurer (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.

A. DIRECTORS				
■ Chairman	Name: Uirginia R. Smith Chairman		Name: Gary A. Doyon	
□ Vice Chairman	Address:	□Vice Chairman	Address: 32251 North Avis Dr. Madison Heights, MI 48071	
□Director	Rancocas, NJ 08073	Director		
□President		□President		
□Vice President		□ Vice President		
□ Secretary	□Treasurer	□Sccretary	□Treasurer	
□Other	□Other	Other	Other	
□Chairman □Vice Chairman	Name:	□Chairman	Name: Stephen M. Otto 65 Indel Ave	
■ Director	Massillon, OH 44646	□ Vice Chairman	Address: 65 Indel Ave. Rancocas, NJ 08073	
President		Director		
		□President = v: - o - c -		
□ Secretary	☐ Treasurer	■ Vice President ☐ Secretary		
□Other		□Other	□Treasurer □Other	
□Vice Chairman	Name: Laurence A. Krupnick 10 Indel Ave. Rancocas, NJ 08073		Name: Joyce Wilson Name: 1000 Nave Road, S.E. Address: Massillon, OH 44646	
□President		□President		
□Vice President		□Vice President		
■ Secretary	□Treasurer	□Secretary	Treasurer	
□Other		□Other		
The officer or direct she is aware that fals s,817,155, F.S.	Signature of Directors signing this document to the Department of Signature of Directors signing this document (and who is listed in number information submitted in a document to the Department, Secretary	or or Officer OK to	for reporting purposes only. Non-indexed forth form.	

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EMSCO, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTEENTH DAY OF DECEMBER, A.D. 2019.



Authentication: 204231266

Date: 12-16-19