

F200000000421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

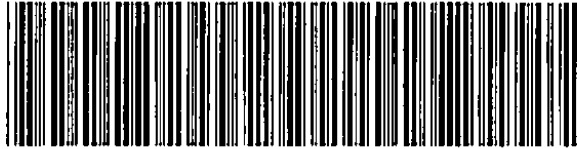
(Business Entity Name)

(Document Number)

Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2020 JAN -7 PM 4:34  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

JAN 2<sup>ND</sup> 2021  
T. LEMIEUX

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pangloss Enterprises, 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:

Brandon M. Rehkopf

Name of Person

Mockensturm Ltd.

Firm/Company

1119 Adams St.

Address

Toledo, Ohio 43604

City/State and Zip code

brandon@mockltd.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon M. Rehkopf

at (419) 724-3499

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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.

Ingloss Enterprises, Inc.

Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"LLC," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Enter name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Phone number 3. 82-2303514

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

01/14/2017

5.

(Date of incorporation)

(Date of duration, if other than perpetual)

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

2 W. Sylvania Ave., Suite M, Toledo, Ohio 43623

(Principal office street address)

(Current mailing address, if different)

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

Name: TJ Thomas

Address: 691 Lake Dexter Circle

Winterhaven

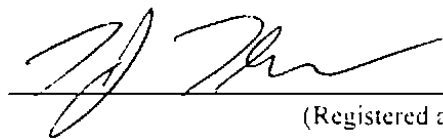
(City)

Florida 33884

(Zip code)

Registered agent's acceptance:

I, TJ Thomas, have been named as registered agent and to accept service of process for the above stated corporation at the place  
indicated 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)

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to  
Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction  
of the law of which it is incorporated.

For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

FILED  
2020 JAN -7 PM 14 34  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

# RECTORS

man Name: Brian Beerbower

Chairman Address: \_\_\_\_\_

Director 4352 W. Sylvania Ave., Suite M,

ident Toledo, Ohio 43623

President \_\_\_\_\_

etary ☒ Treasurer

r \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

man Name: \_\_\_\_\_

Chairman Address: \_\_\_\_\_

or \_\_\_\_\_

ent \_\_\_\_\_

resident \_\_\_\_\_

ary ☐ Treasurer

\_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

an Name: \_\_\_\_\_

Chairman Address: \_\_\_\_\_

\_\_\_\_\_

it \_\_\_\_\_

sident \_\_\_\_\_

\_\_\_\_\_ ☐ Treasurer

\_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

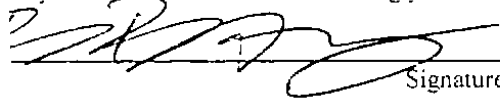
☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed may be added to the index when filing your Florida Department of State Annual Report form.



Signature of Director or 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 that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in S.

Beerbower

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

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show PANGLOSS ENTERPRISES, INC., an Ohio corporation, Charter No. 4039420, having its principal location in Toledo, County of Lucas, was incorporated on June 14, 2017 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 12th day of December, A.D.  
2019.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 201934602720