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## **COVER LETTER**

	stration Section ion of Corporations				
	IMPRO INDUSTRIES USA	INC.			
SUBJECT:	Name	of corporation	- must include suffix	<u> </u>	
Dear Sir or M	ladam:				
"Certificate o	"Application by Foreign Conference," or "Certificate ced foreign corporation to the conference of the ced foreign corporation to the ced foreign corporatio	of Good Stand	ling" and check are subm		
Please return	all correspondence concern	ing this matter	to the following:		
		Name of I	Person		
ALLEN CORPORATION SUPPLY CO.					20
Firm/Company					<del>CD</del>
10440 PIONE	ER BEVD. STE 8			•	
		Addre	SS		<u>o</u> .
SANTA FE SI	PRINGS, CA 90670				70 12
		City/State an	d Zip code		<u> က</u>
VALERIE@A	LLENCORPSUPPLY.COM				5
	E-mail addres	s: (to be used fo	or future annual report no	tification)	
For further in	formation concerning this n	natter, please ca	all:		
VALERIE TR	UJILLO	562 at (	906-1635		
Nam	e of Person	Area Code	Daytime Telepho	one Number	
Regis Divis The C 2415	EET/COURIER ADDRES stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 819 massee, FL 32303	Registration Section Division of Corporations P.O. Box 6327			
	check for the following ammeck payable to: FLORIDA Ding Fee	EPARTMENT  ig Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Filion Certificate Certified C	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. IMPRO INDUSTRIES USA, INC. (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) (State or country under the law of which it is incorporated) (FEI number, if applicable) (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) 21660 EAST COPLEY DRIVE SUITE 100, DIAMOND BAR, CA 91765 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REGISTERED AGENT SOLUTIONS, INC. Name: 155 OFFICE PLAZA DR. SUITE A Office Address: **TALLAHASSEE** (City) 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.

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.

(Registered agent's signature)

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

□Vice Chairman Addi □Director  ■President	21660 EAST COPLEY DRIVE  ESS:  SUITE 100  DIAMOND BAR, CA 91765	□ Chairman  □ Vice Chairman  ■ Director  □ President  □ Vice President  □ Secretary	Address:SUDI.	60 EAST COPLEY DRIVE
□Director  ■President  □Vice President  □Secretary	SUITE 100 DIAMOND BAR, CA 91765	■ Director  ☐ President  ☐ Vice President	SU	AMOND BAR, CA 91765
■ President  □ Vice President  □ Secretary	DIAMOND BAR, CA 91765	□President □Vice President	DIA	AMOND BAR, CA 91765
□Vice President		□Vice President		
Secretary	<del></del>			
	☐Treasurer	☐Secretary		
Other		- approury		☐Treasurer
	Other	□Other	<del></del>	□Other
□Chairman Nan	ne:	☐ Chairman	Name:	
☐Vice Chairman Add	ress:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	□ Secretary		□Treasurer
Other	Other	□Other		□Other
□Chai⊓nan Nar	ne:	□Chairman	Name:	2020
	lress:	□Vice Chairman	Address:	\$ ! :
		Director		6
□ President		□President		
		□Vice President		. ဟ . ဟ
☐ Secretary	□Treasurer	□ Secretary	***************************************	☐Treasurer
Other		Other		□Other

### State of California

# Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

IMPRO INDUSTRIES USA, INC.

FILE NUMBER: FORMATION DATE:

C2126994

FORMATION DA

11/25/1998

TYPE:

DOMESTIC CORPORATION CALIFORNIA

JURISDICTION: 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 January 09, 2020.

ALEX PADILLA Secretary of State