# F20000003678

(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:
Special Instructions to Filing Officer:  Permission from  Julie to remove dte  bus 15t trans. bus in Fl  set  8/24/20

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#### **COVER LETTER**

	istration Section signs of Corporations					
	MODGAN INDUSTRIAL D	NC				
SUBJECT: Name of corporation - must include suffix						
D 0' \		•				
Dear Sir or I	Madam:					
"Certificate	d "Application by Foreign Co of Existence," or "Certificate need foreign corporation to t	of Good Stand	ing" and check are subn			
Please return	n all correspondence concern	ing this matter t	o the following:			
JULIE WAL	KER					
•		Name of P	erson			
MORGAN IN	NDUSTRIAL INC					
		Firm/Comp	pany	<del></del>		
5602 NE HU	FFMAN ST					
-	**	Addres	ss			
HILLSBORG	O, OR 97124					
		City/State an	d Zip code	otification)		
julie.walker@	omegamorgan.com					
	E-mail address	s: (to be used fo	r future annual report no	otification) 1		
For further in	nformation concerning this m	natter, please ca	II:			
Julie Walker		at (	647-7474	ල. න		
Nan	ne of Person	Area Code	Daytime Teleph	one Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AE Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction -porations			
	n check for the following amounted payable to: FLORIDA Diling Fee	EPARTMENT ( g Fee & □	OF STATE \$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.

1	DUSTRIAL, INC.		
(Enter name of a "Inc.," "Co.," "C	corporation; must include "INCORPORATED Corp." "Inc," "Co," or "Corp.")	." "COMPANY," "CORPORATION."	
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business	in Florida)
2			
(State or country under the law of which it is incorporated 4. OREGON  (Date of incorporation)		(FEI number, if applicable)	
		93-1062427	,
		(Date of duration, if other than perpet	 tual)
6.	••	• •	,
	MAN ST., HILLSBORO, OR 97124  (Principal off	ice <u>street</u> address)	
	(Current mailin	og address, if different)	
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.C CORPORATION SERVICE COMPANY	D. Box NOT acceptable)	2020 / 11 -
Office Address:	1201 HAYS STREET		<del>5</del> 7
	TALLAHASSEE	Florida	新 ( )
	(City)	(Zip code)	6.4
		• • /	ت

#### 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.

Roxanne Turner Asst. Vice President Asst. Vice President

(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: RICHARD FERCHAK	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director	HILLSBORO, OR 97124	□Director						
□President		□President	·					
□Vice President		□Vice President						
☐ Secretary	☐ Treasurer	☐ Secretary		□Treasurer				
■Other CEO	Other	□Other	<u>.</u>	□Other				
□ Chairman	KEVIN GUIOCHET	□Chairman	Name:					
□Vice Chairman	5602 NE HUFFMAN ST							
□Director	HILLSBORO, OR 97124	Director						
□President		□President	<u></u>					
□Vice President		□ Vice President						
□Secretary	□Treasurer	☐ Secretary		□Treasurer				
■Other	Other	□Other		□Other				
				Other 22				
□ Chairman	Name:	□Chairman	Name:	ļ				
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director	,	<u>ထု</u> ယ				
□President		□President	· · ·	<u> </u>				
□Vice President		□Vice President						
□Secretary	□Treasurer	□Secretary		☐Treasurer				
Other	Other	□Other		Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  12. Signature of Director or Officer								

The officer or director signing this document (and who is fisted 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 Oregon

## OFFICE OF THE SECRETARY OF STATE Corporation Division

### Certificate of Existence 4628413E2

I, BEV CLARNO, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

MORGAN INDUSTRIAL, INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

BEV CLARNO, SECRETARY OF STATE
7/29/2020