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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:			





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COVER LETTER

TO: Registration Section Division of Corporation				
•	CONTROLS, INC.			
SUBJECT:	Name of corporation	n - must include suffix		
Dear Sir or Madam:				
"Certificate of Existence,"	n by Foreign Corporation for for "Certificate of Good Sta corporation to transact busin	nding" and check are sub		
Please return all correspon	dence concerning this matte	er to the following:		
ATTN: TAK NAKAMURA			7923 00	
	Name o	f Person	5	
	Firm/Co	mpany	- 3	
3321 ESSEX DRIVE		س ا <u>ن</u> را ـــــا انان		
	Add	ress	5 6	
RICHARDSON, TX 75082				
	•	and Zip code		
TNAKAMURA@INDUSTI	RIALNETWORKING.COM	<u> </u>		
	E-mail address: (to be used	for future annual report n	otification)	
For further information co	ncerning this matter, please	call:		
TAK NAKAMURA	972 at (248-7466	248-7466	
Name of Person		de Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	o: FLORIDA DEPARTMEN	T 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.

ERGOTECH CO	ONTROL, INC.			
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp,")	," "COMPANY," "CORPORATIC	ON,"	
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida)	
3. 7		75-2778067		
(State or country under the law of which it is incorporated) 08/17/1998		(FEI number, if applicable) PERPETUAL		
(Date of incorporation) UPON QUALIFICATION		(Date of duration, if othe	(Date of duration, if other than perpetual)	
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1 IVE, RICHARDSON, TX 75082	in Florida, if prior to registration) 502, F.S., to determine penalty liab	ility)	
SAME AS ABO	(Principal of	lice <u>street</u> address)	0007	
	(Current mail	ing address, if different)	The Property of the Property o	
8. Name and stree Name:	et address of Florida registered agent: (P. CORPPORATION SERVICE COMPAN		3.12	
Office Address:	1201 HAYS STREET			
	TALLAHASSEE	, Florida		
	(City)	(Zip code)		

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.

(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 MICHAEL FINELY STEPHEN WORAM □ Chairman □ Chairman 3321 ESSEX DRIVE 3321 ESSEX DRIVE Address: ☐ Vice Chairman □Vice Chairman Address: RICHARDSON, TX 75082 RICHARDSON, TX 75082 □ Director ■ Director President □President □Vice President ____ ☐ Vice President □ Secretary ☐ Treasurer ☐ Secretary □ Treasurer Other _____ ☐ Other ______ □Other _____ □Other _____ □ Chairman Name: Name: □Chairman □ Vice Chairman Address: □Vice Chairman Address: _____ Director □ Director ☐ President □ President □ Vice President ☐ Vice President □ Secretary □Treasurer ☐Treasurer: □ Secretary □Other _____ Other ____ ☐Other _____ □ Chairman Name: ☐ Chairman Name: □Vice Chairman Address: ______ ☐ Vice Chairman Address: □ Director □ Director □ President □ President □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. New 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

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 of 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.

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for ERGOTECH CONTROLS, INC. (file number 150154300), a Domestic For-Profit Corporation, was filed in this office on August 17, 1998.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 01, 2020.

HEAS

Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

Dial: 7-1-1 for Relay Services

Document: 999344560003

Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709 TID: 10264