Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000352848 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TG:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : APT PROCESSING Account Number : 120110000069 Phone : (954) 567-0013 : (954)567-3401 Hax Number

\*\*Enter the email address for this business entity to be used for Euture annual report mailings. Enter only one email address please.\*\*

Email Address: Wally to apipensossing, som

FOREIGN PROFIT/NONPROFIT CORPORATION Vanquish Fencing Incorporated

> Certificate of Status 0 Certified Copy 04 Page Count \$70.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Help

## DUCHTESS IN TEURIDA

Haccossisters 3 M

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. Vanquish Fencing Incorporated (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) 65-1238360 (FEI number, if applicable) (State or country under the law of which it is incorporated) December 6, 2004 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1900 South Pennsylvania Avenue, Morrisville, PA 19067 (Principal office street address) 1900 South Pennsylvania Avenue, Morrisville, PA 19067 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Michael J. Heine Name: 260 CR 766 Office Address: Webster (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.

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

Registered agent's signature)

HO.042 #003 KANGGERENDAN n 2 -14

ocuSign Envelope IC	): 7884D470-DFA3-4887-8C15-5EDE65C81967	Q	ble 3064
□Cheirmen	Name:	□Chairman Name:	
□Vice Chalrman	Address: 1900 South Pennsylvania Avenue	□ Vice Chairman Addres	ss:
□Director	Monisville, PA 19067	□Director	
■President	and the second s	□President	
□Vice President		□Vice President	
☐ Secretary	☐Treasurer	☐ Secretary	☐Treasurer
□ Other	Other	ClOther	☐ Other
∐ <b>Ch</b> airman	Name:	□Chairman Name:	
⊔Vice Chairman	Address:	□ Vice Chairman Addre	:k2:
Director		□Director	
□President		[]President	
□Vice President		□Vice President	
LIScoretary	[]?reasurer	☐ Secretary	Treasurer
Other	□Other	Other	Other
☐ Chairman	Name:	□Chainnan Name	:
□Vice Chairman	Address:	□Vice Chairman Addr	ess:
□Director		Director	
□President		☐President	
□Vice Presiden		□Vice President	
Secretary	Treasurer	☐ Secretary	☐ Treasurer
Other	Other	Other	Other
individuals may	e: Use an attachment to report more than six (6). The introduced to the index when filing your Florida Depa	attachment will be imaged for n rtment of State Amiual Report fo	eporting purposes only. Non-indexed orm,
12 / L 1	Signature of Direct	tor or Officer	
The officer or di she is aware that 3.817.155, P.S.	irector signing this document (and who is listed in nu t false information submitted in a document to the De	mber 11 above) affirms that the spartment of State constitutes a t	facts stated herein are true and that he or hird degree felony as provided for in
13	Donald E. Moore  (Typed or printed name and capacity of		
	(Typed or printed nume and capacity of	harden attimes althoracourt	

HO.042 #004

H20000352848 3.

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

10/09/2020

## TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

## VANQUISH FENCING INCORPORATED

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC201009080103-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify