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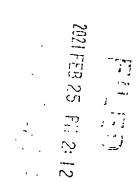
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3/19/21

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: LDJ Manufacturing, Inc	<u>.</u>		
N	ame of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate of Existence	ficate of Good Star	iding" and check are submit	
Please return all correspondence cor	cerning this matter	r to the following:	
Lynn Verros			~1
•	Name of	Person	72
LDJ Manufacturing, Inc.			
	Firm/Con	npany	N 1
1833 Highway 163			p.
	Addr	ess	7. 7.
Pella, 1A 50219			72
	City/State a	nd Zip code	
lynnv@ldj-products.com			
E-mail ac	Idress: (to be used	for future annual report noti	fication)
For further information concerning t	his matter, please o	call:	
Lynn Verros	at (620-4044	
Name of Person	Area Cod	e Daytime Telephor	ne Number
STREET/COURIER ADD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303		MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
-	DA DEPARTMENT		□ \$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. L	D J Manu	facturing, Inc.					
(Ei	nter name of c	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	ED," "(COMPANY," "CORPORATION,"	·		
(If	name unavail	able in Plorida, enter alternate corporate nai	me ado	pted for the purpose of transacting by	isiness	in Floric	la)
	wa		3 42	•			
(8	State or countr	ry under the law of which it is incorporated)	J	3. 42-1505338 (FEI number, if applicable)			
4. <u>01</u>	/12/2000						
	(Date	e of incorporation)		(Date of duration, if other than perpetual)		aal)	
6. <u>01</u>	/25/2021						
7 ^{93 I}	Dusky Way	(Date first transacted busines (SEE SECTIONS 607.1501 & 607.	s in Flo 7.1502,	orida, if prior to registration) F.S., to determine penalty liability)		2021 (52)	·
· ·		(Principal	office s	treet address)	 -	- []	1 نــــ. ۳۰
Fre	eport, FL 324	139				25	:
		(Current ma	iling ac	ldress, if different)		Pi: 2	ر ما ر عصد مند
8. Na	me and stree	et address of Florida registered agent: (l	P.O. B	ox <u>NOT</u> acceptable)		: 12	
	Name:	InCorp Services, Inc.				10	
Office	Address:	17888 67th Court North		_			
	Loxahatchee	, 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.

Jackie DeFilippis on behalf of InCorp Services, Inc.
(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.

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

A. DIRECTORS					
□Chairman	Name: Loren Van Wyk	□ Chairman	Name: Donetta J Van Wyk		
□Vice Chairman	Address: 2285 Keokuk Drive	□Vice Chairman	Address: 2285 Keokuk Drive		
Director	Pella, IA 50219	□Director	Pella, 1A 50219		
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	■ Secretary	□Treasurer		
Other CEO	Other	□Other	Other		
□Chairman	Luke Van Wyk	□Chairman	Chad Van Wyk Name:		
□Vice Chairman	108 Terrace Drive	□Vice Chairman	Address: 2282 Dakota Wood Lane		
□Director	Otley, IA 50214	□Director	Pella, IA 50219		
□President		□President			
■Vice President		■ Vice President	20 ;		
□Secretary	□Treasurer	□Secretary	□Treasūrer : 4 1		
□Other	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		
individuals may be	Use an attachment to report more than six (6). The attachaded to the index when filing your Florida Department				
12.	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 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.					

Chad Var U₁/C VP of Ofeation S
(Typed or printed name and capacity of person signing application)

IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Issue Date: 2/1/2021

Name: L D J MANUFACTURING, INC. (490 DP - 236371)

Date of Incorporation: 1/12/2000

Duration: PERPETUAL

- I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:
 - a. The entity is in existence and duly incorporated under the laws of Iowa.
 - b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
 - c. The most recent biennial report required has been filed with the Secretary of State.
 - d. Articles of dissolution have not been filed.

Certificate ID: CS213699

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Part Sate

Paul D. Pate, Iowa Secretary of State