## F21100002737

(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:				
2008				
W21000040734				





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## **COVER LETTER**

TO: Registration Section Division of Corporation	ıs		
SUBJECT: Precision Products	Group, Inc.		
30D0EC1.	Name of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by F "Certificate of Existence," or "C above referenced foreign corpor	Certificate of Good Standing	ng" and check are submitted	iness in Florida," I to register the
Please return all correspondence	concerning this matter to	the following:	
Chad Heathco			
	Name of Pe	rson	
Precision Products Group, Inc.			
	Firm/Compa	ny	_
10201 N Illinois Street, Suite 390			~ A
	Address		4 3 
Carmel, Indiana 46290			
	City/State and	Zip code	
cheathco@ppgintl.com			
E-ma	il address: (to be used for	future annual report notific	ation)
For further information concerni	ng this matter, please call	:	ation)
Victor Geddes	at (317)	) 663 4482	
Name of Person	Area Code	Daytime Telephone 1	Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRI Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions
	ORIDA DEPARTMENT OF 8.75 Filing Fee &	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.

(If name unavail	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting busine	es in Florida)
Delaware		36-3858797	
2. (State or country under the law of which it is incorporated)		(FEI number, if applicable)	
4. (Date of incorporation) 5.		(Date of duration, if other than perpetual)	
7. <u>10201 N Illinois (</u>	Street, Suite 390, Carmel, IN 46290		9 9
	(Principal of	fice street address)	:
3. Name and <u>stree</u> Name:	(Current mails et address of Florida registered agent: (P. Dave Hooe	ing address. if different)  O. Box <u>NOT</u> acceptable)	- 1 - 1 - 1 - 1
Office Address:	9204 Quartz Lane, Unit 202	<del></del>	
ornee real cas.	Naples	Florida	
	(City)	(Zip code)	
	ent's acceptance:		ution at the place

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS							
□Chairman	Name:	□ Chairman	Name: Chad Heathco				
□Vice Chairman	Address: 10201 N Illinois Street	□Vice Chairman	Address:				
Director	Suite 390	Director	Suite 390				
□President	Carmel, IN 46290	□President	Carmel, IN 46290				
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary	□Treasurer				
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 □3				
			• .				
	Name:		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.  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.							
13. Chac Heatheo (Typed or printed name and capacity of person signing application)							
(Typed or printed name and capacity of person signing application)							

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PRECISION PRODUCTS GROUP, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF MARCH, A.D.

2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRECISION

PRODUCTS GROUP, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF

FEBRUARY, A.D. 1990.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202708564

Date: 03-11-21

2221958 8300 SR# 20210875410

You may verify this certificate online at corp.delaware.gov/authver.shtml