

F21000004795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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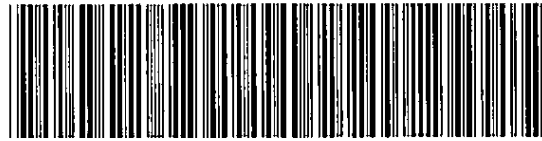
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TALLAHASSEE, FLORIDA

SP

**FLORIDA FILING & SEARCH SERVICES, INC.**

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**DATE: 8/19/21**

**NAME: PELLA MID-ATLANTIC, INC.**

**TYPE OF FILING: APPLICATION**

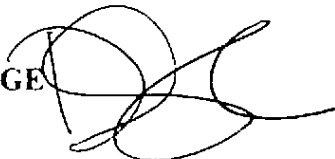
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

A handwritten signature in black ink, appearing to be a stylized 'H' or 'P' followed by a flourish, located to the right of the authorization text.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pella Mid-Atlantic, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michelle Teacu

Name of Person

Pella Mid-Atlantic, Inc.

Firm/Company

12100 Baltimore Avenue Suite #1

Address

Beltsville, Maryland 20705-1399

City/State and Zip code

MTeacu@pellamidatlantic.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Teacu

Name of Person

at ( 301 ) 957-7000 Ext. 1663

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$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. Pella Mid-Atlantic, Inc.**

(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)

**2. Michigan**

(State or country under the law of which it is incorporated)

**3. 83-1224745**

(FEI number, if applicable)

**4. 06/27/2018**

(Date of incorporation)

**5. Perpetual**

(Date of duration, if other than perpetual)

**6. January 1, 2021 (PMA, Inc. is not transacting business in FL. No revenue or sales activities in FL. This application is to register for unemployment purposes. One employee remotely processes customer orders for work in Mid-Atlantic states. The other employee is a recruiter for employees in Mid-Atlantic states).**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 12100 Baltimore Avenue, Suite #1 Beltsville, Maryland 20705-1399**

(Principal office street address)

**Same as #7.**

(Current mailing address, if different)

**8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: **Registered Agent Legal Services, LLC**

Office Address: **155 Office Plaza Drive Suite A**

**Tallahassee**

(City)

, Florida **32301**

(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.**

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

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2021 AUG 19 AM 9:35  
CLERK OF STATE  
TALLAHASSEE, FL

**A. DIRECTORS**

☒ Chairman Name: John C. Estabrook  
☐ Vice Chairman Address: 925 Cascade Hills East Dri  
☒ Director Grand Rapids, Michigan 49546  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Gregory J. Boulay  
☐ Vice Chairman Address: 9845 S 142nd Street  
☒ Director Omaha, Nebraska 68138  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Michael J. Finch  
☐ Vice Chairman Address: 1515 28th Street SW  
☒ Director Wyoming, Michigan 49509  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: George Ballman  
☐ Vice Chairman Address: 12100 Baltimore Avenue  
☐ Director Suite 1  
☒ President Beltsville, Maryland 20705-1399  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

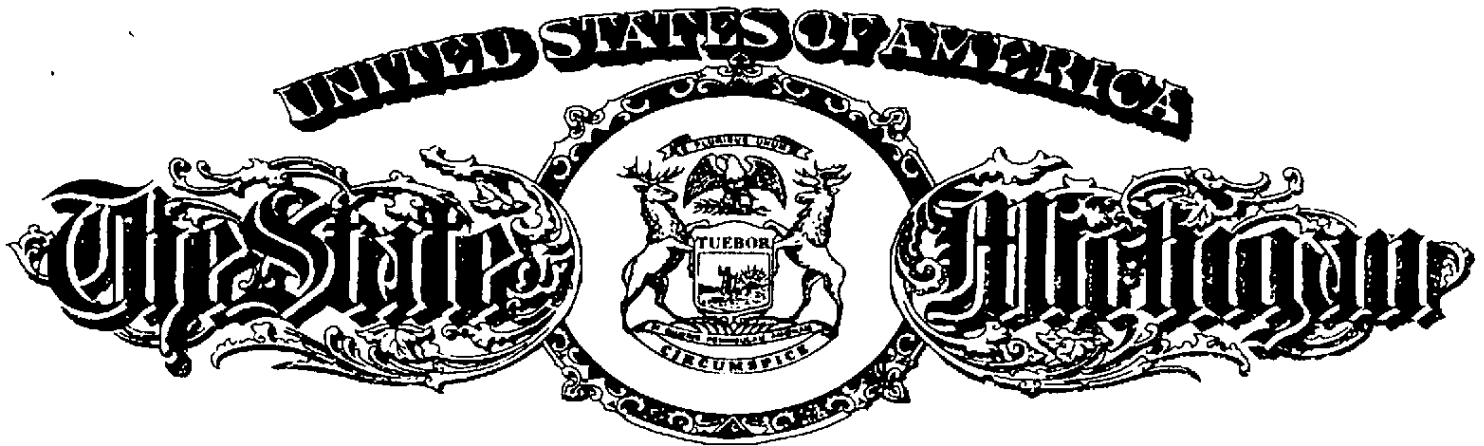
☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**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. 132813 8-12-21  
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. George Ballman, President  
(Typed or printed name and capacity of person signing application)



**Department of Licensing and Regulatory Affairs**

**Lansing, Michigan**

*This is to Certify That*

**PELLA MID-ATLANTIC, INC.**

*was validly incorporated on June 27, 2018 as a Michigan DOMESTIC PROFIT CORPORATION,  
and said corporation is validly in existence under the laws of this state.*

*This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation  
is in good standing in Michigan as of this date and is duly authorized to transact business and for no other  
purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit  
given it in every court and office within the United States.*



**Sent by electronic transmission**

**Certificate Number: 21080369704**

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 16th day of August, 2021.*

*Linda Clegg*

**Linda Clegg, Director**

**Corporations, Securities & Commercial Licensing Bureau**