## F21000005991

(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:						





200374758272

10/12/21--01052--003 \*\*\*\*0.00



## COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Cal OpEx, Inc.			
13 (3 13)		of corporation	- must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign C ficate of Existence," or "Certificat referenced foreign corporation to	e of Good Stand	ling" and check are subm	
Please	return all correspondence concerr	ning this matter	to the following:	
Hilary	Hagen			
		Name of P	erson	
Transc	at, Inc.			
		Pirm/Comp	pany	
35 Vai	ntage Point Dr.			
		Addre	SS	
Roche	ster NY 14624			
	,	City/State an	d Zip code	- <u>-</u>
hilary.	hagen@transcat.com			
	E-mail addres	ss: (to be used for	or future annual report no	tification)
For fu	rther information concerning this i	natter, please ca	ill:	
Hilary	Hagen	585 at (	7436192	
	Name of Person	Area Code		one Number
	STREET/COURIER ADDREST Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, Fl. 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Please	sed is a check for the following ammake check payable to: FLORIDA E 0.00 Filing Fee	DEPARTMENT ing Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	(2) \$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 unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)						
Delaware	3	7-1827006 (FEI number, if a				
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	applicable)			
May 5, 2016	5	(Date of duration, if other than perpetual)				
(Date	of incorporation)	(Date of duration, if other than perpetual)				
			·			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		ility)			
95 W Court St, D	•	,,,	,			
<del></del>	oylestown, PA 18901  (Principal office	street address)	<del></del>			
	(					
	(Current mailing a	address, if different)				
Name and street	et address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)				
Name:	Corporation Service Company		OCT 12 MITE 20			
	1201 Hays Street					
ffice Address:		20201				
	Tallahassee	, Florida 32301 (Zip code)	97 · 2			
	(City)	(Zip code)	0			

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: Lee Rudow	□ Chairman	Name: Mark Do	oheny				
□Vice Chairman	Address:	□Vice Chairman	Address:	intage Point Dr.				
□Director	Rochester NY 14624	□Director	Rochester NY	14624				
■ President		□President						
□Vice President		■ Vice President						
☐ Secretary	□Treasurer	☐ Secretary		Treasurer				
[]Other	Other	Other	<del> </del>	[]Other				
□ Chairman	Jim Jenkins Name:	□ Chairman	Name:					
	35 Vantage Point Dr.	□ Vice Chairman						
□Vice Chairman	Rochester, NY 14624	_						
Director		□Director	•					
□President		□President						
		□ Vice President						
■ Secretary	☐ Treasurer	☐ Secretary		☐ Treasurer				
Other	Other	Other		Other				
□ Chairman	Name:	□ Chairman	Name					
	Address:							
		□ Director	Address.					
Director								
El President		□ President		·				
□Vice President	<del>-</del>	□ Vice President						
[]Secretary	☐Treasurer	☐ Secretary		[]Treasurer				
Other	Other	[]Other		Other				
Important Notice: individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department	nt of State Annual Re	port 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	(Typed or printed name and capacity of person	n signing application	)					

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CAL OPEX 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 SEVENTEENTH DAY OF AUGUST, 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 "CAL OPEX INC."

WAS INCORPORATED ON THE FIFTH DAY OF MAY, A.D. 2016.

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

Authentication: 203935656

Date: 08-17-21

6034236 8300

SR# 20212998026