

**F22000006364**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SALVATORI LAW OFFICE, PLLC  
Account Number : I20170000055  
Phone : (239)308-9191  
Fax Number : (239)552-4185

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

Email Address: LJS@SALVATORI.LEGAL

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Fluid Systems Enterprises, Inc.**

Certificate of Status	0
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Corporate Filing Menu

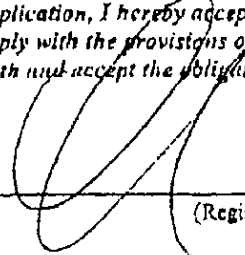
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T. LEMIEUX  
OCT 14 2022

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# 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. FLUID SYSTEMS ENTERPRISES, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")  
  
FLUID SYSTEMS ENTERPRISES, LTD  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. MICHIGAN 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. APRIL 21, 2021 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 5150 TAMiami TRAIL NORTH, SUITE 304, NAPLES, FLORIDA 34103  
(Principal office street address)  
8951 BONITA BEACH ROAD S.E., SUITE 267, BONITA SPRINGS, FL 34135  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: SALVATORI LAW OFFICE, PLLC  
Office Address: 5150 TAMiami TRAIL NORTH, SUITE 304  
NAPLES, Florida 34103  
(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.*  
  
(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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TAMPA, FLORIDA

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## A. DIRECTORS

☐ Chairman Name: WILLIAM REDFIELD  
☐ Vice Chairman Address: 55 EAST LONG LAKE ROAD  
☒ Director SUITE 305  
☒ President TROY, MI 48085  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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

☐ Chairman Name: JULIE REDFIELD  
☐ Vice Chairman Address: 66 EAST LONG LAKE ROAD  
☐ Director SUITE 305  
☐ President TROY, MI 48085  
☒ 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 \_\_\_\_\_

☐ 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. 28 USC 1796(a)

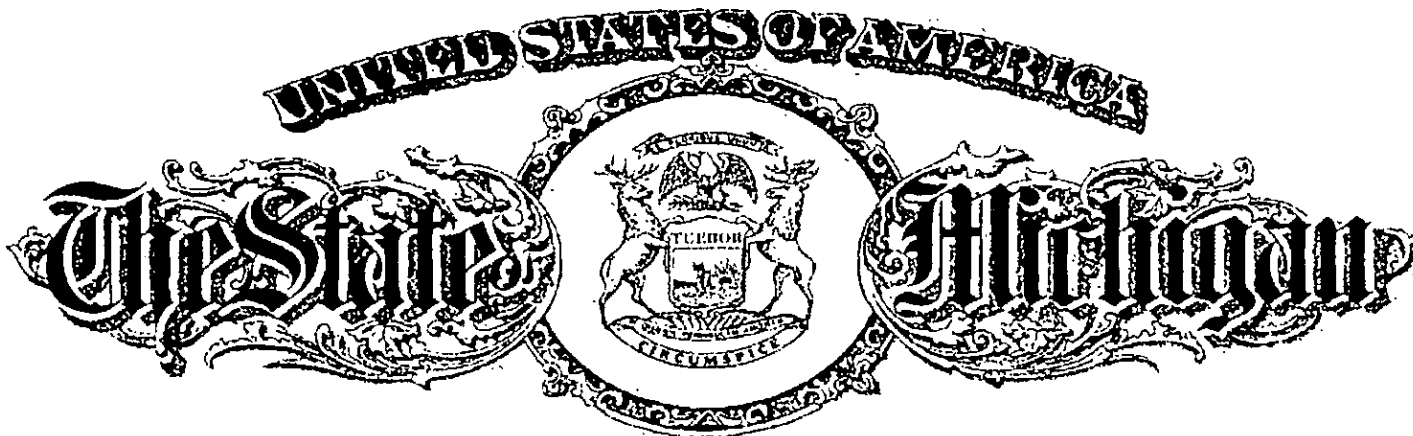
12. By: William Redfield, President  
 Signature of Director or Officer

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. WILLIAM REDFIELD, AS PRESIDENT  
 (Typed or printed name and capacity of person signing application)

(((H22000350842 3)))

(((H22000350842 3)))

**Department of Licensing and Regulatory Affairs**

Lansing, Michigan

*This is to Certify That***FLUID SYSTEMS ENTERPRISES LTD**

*was validly incorporated on April 21, 2021 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.*



*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 26th day of September, 2022.*

Linda Clegg, Director

Corporations, Securities &amp; Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 22090939006

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpverifycertificate>.

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