(Requestor's Name)
(Address)
(Address)
,
(C) (C) (C) (C) (C)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Socialism verifical)
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1, 100 , 500
W23-127966

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09/05/23--01033--008 **78.75

2023 NOV -3 AM 9: 29 SECRETARY SEE, FAT





September 19, 2023

STEPHAN MEIER 494 FAIRPLAY STREET RUTLEDGE, GA 30663 US

SUBJECT: CORROSION CONTROL INC.

Ref. Number: W23000127966

We have received your document for CORROSION CONTROL INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 423A00021647

Ariel Jones Regulatory Specialist II

www.sunbiz.org

COVER LETTER

_	tration Section ion of Corporations			
SUBJECT:	Corrosion Control Inc			
, O D 0 D 0 1 1	Nam	e of corporation -	must include suffix	
Dear Sir or M	adam:			
'Certificate of	"Application by Foreign 6 f Existence." or "Certifica ced foreign corporation to	te of Good Stand	ing" and check are subr	
lease return :	all correspondence concer	ning this matter t	o the following:	
Stephan Meier				
		Name of P	erson	
Corrosion Con	trol Inc			
		Firm/Comp	any	
494 Fairplay S	treet			
		Addres	s	
Rutledge, GA .	30663			
		City/State an	d Zip code	
steve@corrosic	oncontroline.com			
	E-mail addro	ess: (to be used fo	r future annual report n	otification)
or further in	formation concerning this	matter, please ca	11:	
Stephan Meier		706	Daytime Telephone Number	
Nam	e of Person	Area Code	Daytime Teleph	none 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	
	~	DEPARTMENT (OF STATE \$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.

18 B. C. C.

(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
me., co., c	orp. The, Co, or Corp.)		
CORROS	SION CONTROL GEORGIA	TARP	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
Georgia	3	58-2488220	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
August 1999	5.		
(Date of incorporation)		(Date of duration, if other than perpetual)	
	(Date first transacted business in	Florida, if prior to registration) 602. F.S., to determine penalty liability)	
94 Fairplay Stre	et Rutldge, GA 30663	oz. 1.5., to determine penanty habitiny)	
· · · -		ce street address)	
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	section address;	
	(Current mailin	g address, if different)	
		TEGRA TI	
Name and stree	et address of Florida registered agent: (P.C	Box NOT acceptable)	
Name:	Thomas Riddle	En C	
	13331 Seaside Harbor Dr	——————————————————————————————————————	
Office Address:			
	North Fort Myers	, monda	
	(City)	(Zip code)	
	ent's acceptance:		
uina haan nam	ed as registered agent and to accept service	ce of process for the above stated corporation at the place	
ving veen num ianatad in thic	мррисцион, в негену ассерстве арротит	ent as registered agent and agree to act in this capacity	
ignated in this ther agree to c	omply with the provisions of all statutes re	lative to the proper and complete performance of my di	
signated in this ther agree to c	omply with the provisions of all statutes re with and accept the obligations of my po-	elative to the proper and complete performance of my dissilion as registered agent.	
signated in this ther agree to c	omply with the provisions of all statutes re	elative to the proper and complete performance of my dissition as registered agent.	
ignated in this ther agree to c	omply with the provisions of all statutes re	elative to the proper and complete performance of my disition as registered agent.	

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.

A. DIRECTORS Name: Craig Meier Debbie Meier □ Chairman Name: □ Chairman 494 Fairplay Street 494 Fairplay Street ☐ Vice Chairman Address: _ ☐ Vice Chairman Address: _ Rutledge, GA 30663 Rutledge, GA 30663 Director □ Director President □ President □Vice President Vice President □Treasurer ☐ Secretary ☐ Secretary ☐Treasurer □Other ____ □Other _____ □Other ______ □ Chairman Name: ______ Name: _____ □ Chairman □Vice Chairman Address: ☐ Vice Chairman Address: Director Director ☐ President ☐ President □Vice President ☐ Vice President □ Secretary Treasurer ☐ Secretary □Treasurer Other _____ □Other _____ Other _____ □Other ____ Chairman Name: Name: _____ □Chairman ☐ Vice Chairman Address: _____ □Vice Chainnan Address: Director □ Director ☐ President □ President ☐ Vice President _____ ☐ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer □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. 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.

Debotoh L. Merel

(Typed or printed name and capacity of person signing application)

Control Number: K934863

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

CORROSION CONTROL INCORPORATED

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 25805853
Date Inc/Auth/Filed: 08/23/1999
Jurisdiction : Georgia
Print Date : 08/30/2023

Form Number : 211



Brad Raffongerger

Brad Raffensperger Secretary of State