## F23000006894

(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
Special Instructions to Filing Officer:
W23000142617
•

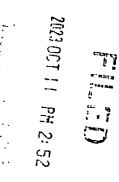




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RECEIVED OCT 1 1 2023



## **COVER LETTER**

ΓΟ: Registration Section Division of Corporati				
SUBJECT: Specialty Coating	g Systems, Inc.			
	Name of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by 'Certificate of Existence," or above referenced foreign corp	"Certificate of Good Stan	ding" and check are subt	et Business in Florida," mitted to register the	
Please return all corresponde	nce concerning this matter	to the following:		
Ben Griffith	_			
	Name of	Person		
Specialty Coating Systems, Inc				
	Firm/Con	npany		
7645 Woodland Drive				
	Addr	ess		
Indidianapolis, IN 46278				
	City/State a	nd Zip code		
tuxes@sescoatings.com	_			
£-	mail address: (to be used	for future annual report n	otification)	
For further information conce	eming this matter, please o	call:		
Ben Griffith	at (			
Name of Person	Area Cod	Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the for Please make check payable to: 1	FLORIDA DEPARTMENT	TOF STATE  \$78.75 Filing Fee & Certified Copy	S87.50 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 unavails	ible in Florida, enter alternate corporate name ac	dopted for the purpose of transactir	ng business in Florida)
Deleware		3 06-1317096	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
4/1/1991 1.	5.		
(Date of incorporation)		(Date of duration, if other than perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 12, F.S., to determine penalty liabil	ity)
_ 7645 Woodland D	Drive Indianapolis, IN 46278		
7	(Principal offic	e <u>street</u> address)	
	(Current mailing	gaddress, if different)	202
			300
8. Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	
Name:	Corporation Service Company		2023 OCT 11 PH 2: 5
	1201 Hays Street		
Office Address:		32301	17 N
	Tallahussee	, Florida 32301 (Zip code)	55.2
	(City)	(Zip code)	·
9. Registered ag	ent's acceptance:		d d ad a tar
Having heen nan	ned as registered agent and to accept service application, I hereby accept the appointm	e of process for the above state	ed corporation at the plac ree to act in this capacity.
designated in this further norse to c	application, I hereby accept the appointment comply with the provisions of all statutes re	lative to the proper and comple	ete performance of my du
and I am familia	with and accept the obligations of my pos	ition as registered agent.	
	Kathanina Carray	gnature)	

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 Dave Fox Tim Bender Name: □ Chairman □Chairman 7645 Woodland Drive 7645 Woodland Drive □ Vice Chairman Address: □ Vice Chairman Address: Indianapolis, IN 46278 Indianapolis, IN 46278 □ Director Director President ... □ President □Vice President □ Vice President □Treasurer □Treasurer □ Secretary ☐ Secretary Officer

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

s.817.155, F.S.

13. 

Typed or printed name and capacity of person signing application)

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

she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in





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

DELAWARE, DO HEREBY CERTIFY "SPECIALTY COATING SYSTEMS, 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 THIRTY-FIRST DAY OF OCTOBER,

A.D. 2023.



Authentication: 204480647

Date: 10-31-23