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Division of Corporations

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From:

Account Name : C I CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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Email Address: emily.rogers@otrwheel.com

# FOREIGN PROFIT/NONPROFIT CORPORATION OTR ENGINEERED SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

# 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 unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	-
GA	3	58-1862442 (FEI number, if applicable)	
(State or count	ry under the law of which it is incorporated) 3.	(FEI number, if applicable)	_
05/18/1989	5		
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)	_
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	-
195 Chatillon Ro	ad, Ste. 4, Rome, GA 30161		
	(Principal offi	ice street address)	=
	(Current mailie	11 16 1166	
	(Current maint)	ng address, if different)	
N1			202
Name and street	et address of Florida registered agent: (P.C		2024 HA
Name and <u>stre</u> Name:			2024 HAR 2
Name:	et address of Florida registered agent: (P.C		2024 MAR 27
Name:	et address of Florida registered agent: (P.C C T Corporation System		
Name:	et address of Florida registered agent: (P.C. C T Corporation System 1200 South Pine Island Road	D. Box <u>NOT</u> acceptable)	PH 4:
Name: fice Address:	et address of Florida registered agent: (P.C.C.T. Corporation System  1200 South Pine Island Road  Plantation  (City)	D. Box NOT acceptable)  FI. 33324	
Name: fice Address: Registered ag-	C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: sed as registered agent and to accept services	). Box NOT acceptable)  FL 33324 (Zip code)  ce of process for the above stated corporation at the	PH 4: 51
Name: fice Address:  Registered agving heen namignated in this	C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: and as registered agent and to accept service application, I hereby accept the appointners.	). Box NOT acceptable)  FL 33324 (Zip code)  ce of process for the above stated corporation at the ment as registered agent and agree to act in this capa	PH 5:5
Name:  thice Address:  Registered againg been names signated in this rther agree to c	et address of Florida registered agent: (P.C. C.T. Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointnomply with the provisions of all statutes re	). Box NOT acceptable)  FL 33324  (Zip code)  ce of process for the above stated corporation at the ment as registered agent and agree to act in this capa elative to the proper and complete performance of m	PH 5: 55 place city. I
Name:  thice Address:  Registered againg been names signated in this rther agree to c	et address of Florida registered agent: (P.C. C.T. Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: aed as registered agent and to accept service application, I hereby accept the appointmomply with the provisions of all statutes rewith and accept the obligations of my possible accept the accept the obligations of my possible accept the	). Box NOT acceptable)  FL 33324  (Zip code)  ce of process for the above stated corporation at the ment as registered agent and agree to act in this capa elative to the proper and complete performance of m	PH 5: 55 place city. I
Name:  thice Address:  Registered againg been names signated in this rther agree to c	et address of Florida registered agent: (P.C. C.T. Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointnomply with the provisions of all statutes re	). Box NOT acceptable)  FL 33324  (Zip code)  ce of process for the above stated corporation at the ment as registered agent and agree to act in this capa elative to the proper and complete performance of m	PH 5: 55

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]:

A. DIRECTORS						
[]Chairman	Name: Neil Can	□Chairman	Brad Esson Name:			
□Vice Chairman	Address 195 Chatillon Road, Ste. 4	□ Vice Chairman	Address:			
□ Director	Rome, GA 30161	@Director	Rome, GA 30161			
□President		OPresident				
□Vice President		■ Vice President				
□Secretary	🖸 Freusurer	☐Secretary	☐Treasurer			
□Other		20ther	Other			
☑ Director  ☐ President	Jonathan D. Gormin  Name:  195 Chatillon Road, Ste. 4  Rome, GA 30161   Treasurer  COther	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary ☐Other	Fapan Modi Name:  195 Chatillon Road, Ste. 4  Address:  Rome, GA 30161  □ Treasure: □ Other			
- Chairmen	Thomas Rizzi	<b>C</b> Chairman	Name: Emily Rogers			
□Vice Chairman	Address: 195 Chatillon Road, Ste. 4	□Vice Chairman	Address: 195 Chatillon Road, Ste. 4			
□Director	Rome, GA 30161	LiDirector	Rome, GA 30161			
President		TJ President				
□Vice President		□Vice President				
□ Secretary	C Freasurer	□ Scoretary	CiTreasurer			
□Orher	□()ther	Other Asst. Seco	retary 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. 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 of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$817,155, F.S.  13. Emily Rogers, General Counsel & Assistant Secretary  (Typed or printed name and capacity of person signing application)						
(Typed or printed name and capacity of person signing application)						

Control Number 1 J910345

# 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

### OTR Engineered Solutions, Inc. 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 26726859
Date IncrAuth Filed: 05-18-1989
Jurisdiction Georgia
Print Date 02/19-2024
Form Number 211



Brad Raffangager

Brad Raffensperger Secretary of State