# F240000039

| (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: |
|   |
|   |
| W24000098303                            |

Office Use Only



500432268985

06/28/24--01020--001 **\*\***70.00

PH 5: 03



July 2, 2024

RACHELLE BARTLETT 4620 S. COACH DR. TUCSON, AZ 85714 US

SUBJECT: BALLAST TECHNOLOGIES, INC.

Ref. Number: W24000098303

We have received your document for BALLAST TECHNOLOGIES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Andrea Andrews Regulatory Specialist II

Letter Number: 424A00014466

RECEIVED
JUL 19 2024

# **COVER LETTER**

 $\mathbf{e}_{\mathbf{a}}(t) = \mathbf{e}_{\mathbf{a}}(t)$ 

| TO: Registration Sec<br>Division of Cor                                       | porations   |  |  |  |
|---|---|--|--|--|
| SUBJECT: Ballast Te   | echnologies, Inc.   |  |  |  |
|   | Name of corporati   | on - must include suffix   |  |  |
| Dear Sir or Madam:  |   |  |  |  |
| "Certificate of Existenc  |   | or Authorization to Transact B<br>anding" and check are submit<br>ness in Florida. |  |  |
| Please return all corresp   | ondence concerning this mat   | ter to the following:  |  |  |
| Rachelle Bartlett   |   |  |  |  |
|   | Name (  | of Person  |  |  |
| Ballast Technologies, Inc   |   |  |  |  |
|   | Firm/Co   | ompany   |  |  |
| 4620 S. Coach Dr.   |   |  |  |  |
|   | Ad  | dress  |  |  |
| Tueson, AZ 85714  |   |  |  |  |
|   | City/State  | and Zip code   |  |  |
| accountspayable@umint.  | com   |  |  |  |
|   | E-mail address: (to be use  | d for future annual report noti  | fication)  |  |
| For further information   | concerning this matter, pleas   | e call:  |  |  |
| Rachelle Bartlett   | 520<br>at (   | 917-0661<br>)  | 17-0661  Daytime Telephone Number  |  |
| Name of Perso   | n Area C  | ode Daytime Telephor   | ne Number  |  |
| Registration Section F Division of Corporations I The Centre of Tallahassee F |   | Registration Sect<br>Division of Corp<br>P.O. Box 6327                             | MAILING ADDRESS:<br>Registration Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, FL 32314 |  |
| Enclosed is a check for Please make check payab \$70.00 Filing Fee            | the following amount: le to: FLORIDA DEPARTME  \$78.75 Filing Fee & Certificate of Status |  | ☐ \$87.50 Filing Fee,<br>Certificate of Status &<br>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 unavailat  | ole in Florida, enter alternate corporate name ac  | dopted for the purpose of transactin                                      | g business in Florida) |
|--|--|---|------------------------|
|  |  | 6-0903054   |                        |
| (State or country under the law of which it is incorporated) |  | (FEI number, if applicable)   |                        |
| (Date o  | f incorporation)   | (Date of duration, if other than perpetual)                               |                        |
|  | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150  | Florida, if prior to registration)  2. F.S., to determine penalty liabili | tv)                    |
| 4620   | S. Coach Drive   |   |                        |
| Same   | (Principal office  | e <u>street</u> address)  |                        |
|  | (Current mailing   | address, if different)  |                        |
| Name and street  | address of Florida registered agent: (P.O.   | Box NOT acceptable)   | מולא אוור              |
| Name:  | Corporation Service Company  |   | . 19                   |
| ffice Address:   | 1201 Hays Street   |   | P                      |
|  | Tallahassee  | , Florida   | 2.                     |
|  | (City)   | (Zip code)  | 03                     |
| rsignatea in this t<br>rther agree to co.                    | d as registered agent and to accept service application, I hereby accept the appointme imply with the provisions of all statutes rewith and accept the obligations of my position. | ent as registered agent and agra<br>lative to the proper and complet      | e to act in this cana  |
|  | u 5/   |   |                        |

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 Paavo Ensio ■ Chairman Name: □ Chairman Name: \_\_\_\_\_ 4620 S. Coach Dr ☐Vice Chairman Address: \_ □Vice Chairman Address: \_\_\_ Tucson, AZ 85714 □ Director Director President ☐ President □Vice President \_\_\_\_\_ □ Vice President □ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □Other □Other \_\_\_\_\_ ∐Other \_\_\_\_\_ Mark Ensio □ Chairman Name: Name: □ Chairman 4620 S. Coach Dr ☐ Vice Chairman Address: □Vice Chairman Address: Tucson, AZ 85714 □Director ☐ Director President President □Vice President \_\_\_\_ ☐Vice President ☐ Secretary □ Treasurer □ Secretary ☐Treasurer ☐ Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ ∐Other \_\_\_\_\_ Jordan Ensio Chairman Chairman Name: \_\_\_\_\_ 4620 S. Coach Dr. □Vice Chairman Address: \_ □Vice Chairman Address: Tucson, AZ 85714 □ 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.

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

# STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

### Ballast Technologies, Inc.

is a

## **Profit Corporation**

formed or qualified under the laws of Wyoming did on **January 16**, **1998**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **1998-000330172**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 24th day of May, 2024 at 9:34 AM. This certificate is assigned ID Number 073042016.

Secretary of State

huch

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.