

F24000065752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

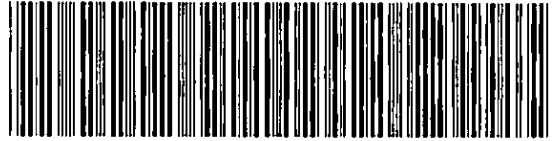
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2024 OCT 15 PM 3:15
STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RADIAL WORKS, INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Todd Jackson

Name of Person

Radial Works, Inc.

Firm/Company

6915 N Tram Rd

Address

Hernando FL 34442

City/State and Zip code

todd@radialworks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd Jackson

at (917) 946-1874

Name of Person

Area Code

Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$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.*

1. Radial Works, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 46-2221493
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/27/2013 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. 6915 N Tram Rd, Hernando, FL 34442
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Todd Jackson

Office Address: 6915 N Tram Rd

Hernando, Florida 3442
(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.

TW Jackson

(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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2024 OCT 15
5:45
TALLAHASSEE, FL
CLERK OF THE COURT

A. DIRECTORS

☐ Chairman Name: _____
☐ Vice Chairman Address: 6915 N Tam Rd
☐ Director _____
☒ President Todd Jackson
☐ Vice President Hernando, FL 34442
☐ 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 _____

☐ 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.

12. TJ Jackson
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. Todd Jackson
(Typed or printed name and capacity of person signing application)

A. DIRECTORS

<input checked="" type="checkbox"/> Chairman	Name	Todd Jackson	<input type="checkbox"/> Chairman	Name	_____
<input type="checkbox"/> Vice Chairman	Address	6915 N. Tran Rd, Hernando, FL 34442	<input type="checkbox"/> Vice Chairman	Address	_____
<input type="checkbox"/> Director	_____	_____	<input type="checkbox"/> Director	_____	_____
<input checked="" type="checkbox"/> President	_____	_____	<input type="checkbox"/> President	_____	_____
<input type="checkbox"/> Vice President	_____	_____	<input type="checkbox"/> Vice President	_____	_____
<input type="checkbox"/> Secretary	_____	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	_____	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other

<input type="checkbox"/> Chairman	Name	_____	<input type="checkbox"/> Chairman	Name	_____
<input type="checkbox"/> Vice Chairman	Address	_____	<input type="checkbox"/> Vice Chairman	Address	_____
<input type="checkbox"/> Director	_____	_____	<input type="checkbox"/> Director	_____	_____
<input type="checkbox"/> President	_____	_____	<input type="checkbox"/> President	_____	_____
<input type="checkbox"/> Vice President	_____	_____	<input type="checkbox"/> Vice President	_____	_____
<input type="checkbox"/> Secretary	_____	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	_____	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other

<input type="checkbox"/> Chairman	Name	_____	<input type="checkbox"/> Chairman	Name	_____
<input type="checkbox"/> Vice Chairman	Address	_____	<input type="checkbox"/> Vice Chairman	Address	_____
<input type="checkbox"/> Director	_____	_____	<input type="checkbox"/> Director	_____	_____
<input type="checkbox"/> President	_____	_____	<input type="checkbox"/> President	_____	_____
<input type="checkbox"/> Vice President	_____	_____	<input type="checkbox"/> Vice President	_____	_____
<input type="checkbox"/> Secretary	_____	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	_____	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other

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12 T. Jackson

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13 Todd Jackson

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

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	RADIAL WORKS, INC
DOS ID Number:	4366365
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	02/27/2013
Statement Status:	CURRENT
Statement Due Date:	02/28/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on September 26, 2024 at 09:20 A.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>