# TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section Division of Corporations	900001726695 -02/28/9601000009 ****122,50 ****122,50
SUBJECT: 1-0 CH INVAR CORPORATION (Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization Florida", "Certificate of Existence", and check are submitted to registering corporation to transact business in Florida.	on to Transact Business in ister the above referenced
Please return all correspondence concerning this matter to the following	wing:
MONTE GLASS (Name of Person)  LOCHINUAR CORPORATION (Firm/Company)  2005 ELM HILL PIKE (Address)  NASHVILLE, TN. 372 (City/State/Zip)	SECRETARY OF CORPC
Should you need to call someone concerning this matter, please call  MONTE G-1455  (Name of Person)  at (6/5)  (Area Co	l: \( \frac{889-8900}{\text{de & Daytime Telephone Number}} \)

### **COURIER ADDRESS:**

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

#### **MAILING ADDRESS:**

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## 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:

ı.	LOCHINVAR CORPORATION
	LOGITINUAR CORPORATION  (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2.	TENNESSEE 3. 62-1465249 (State or country under the law of which it is incorporated) (FEI number, if applicable)
	(State of country under the law of which it is incorporated) (First number, it applicable)
4.	(Date of Incorporation)  5. PRRETURE  (Duration: Year corp. will cease to exist or "perpetual")
	"perpetual")
6.	FFARUARY 19 196 (Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
	(Date inst transacted dusiness in Piorida, (SERSECTIONS 607.1501, 607.1502, AND 817.155, P.S.)
	2005 ELH HILL PIKE MASHVILLE, TN. 37210 (Current mailing address)
	(Current mailing address)
8.	(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
	Name: JOSEPH T, BRAY SS
	Name: JOSEPH T. BRAY  Office Address: 4474 DISTRIBUTION DRIVE  28 927
	TAMPA , Florida , 33605 Registered agent's acceptance:
10	Registered agent's acceptance:
oi es ill	wing been named as registered agent and to accept service of process for the above stated reporation at the place designated in this application, I hereby accept the appointment as istered agent and agree to act in this capacity. I further agree to comply with the provisions of statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.

11. 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.

(Registered agents signature)

PAES -Chairman: _	WILLIAM L. VALLETT, IR
Address:	2005 ELN HILL PIKE O
	NASHVILE, TH. 37210
Vice Chairm	an: THOMAS A. VALLETT
Address:	5 A ME
Director:	JEFFREY IV. VALIFYT
Address:	SAME
Address:	
B. OFFICE	RS (Street address only- P. O. Box NOT acceptable)
President:	MICHAEL T. LAHTI
Address:	2005 ELM HILL PIKE
	NASHVIELE, TN. 37210
Vice Presiden	IL FRANK A. MYERS
Address:	SAME
Secretary:	MICHAEL T. BURDETTE
Address:	45900 PORT STRFFT
	PLYMOUTH, MI, 48170
	MONTE GLASS
Address:	2005 ELM HILL PIKE
	NASHVILLE TW. 37210
NOTE: If ne	cessary, you may attach an addendum to the application listing addit r directors.
officers and/o	

Secretary of State
Corporations Section
James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

ISSIANCE DATE: 02/12/0957 RECURST NUMBER: 3120-0957 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 05/06/1991 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL MANGER: 0240155 JURISDICTION: TERRESSEE

TO: LOCHINVAR CORPORATION AT: M. GLASS 2005 ELM HILL PIKE NASHVILLE, TN 37210 REQUESTED BY: LOCHINVAR CORPORATION AT: M. GLASS 2005 ELM HILL PIKE NASHVILLE, TN 37210

#### CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENDESSEE DO HEREBY CERTIFY THAT "LOCHINVAR CORPORATION"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE; THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID, THAT THE MOST RECENT CORPORATION ANDWAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED, AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

SECRE TARY OF STATE DIVISION OF CORPORATIONS

96 FEB 28 AM II: 34

FOR: REQUEST FOR CERTIFICATE

ON DATE: 02/16/96

FROM: LOCHIEVAR CORPORATION 1930 AIR LAME DR.

TOTAL PAYMENT RECEIVED.

RECEIVED:

\$10.00

NASHVIILE, TN 37210-0000

\$20.00

RECEIPT NUMBER: 00001911597 ACCOUNT NUMBER: 00026005

7 (0.8)

\$10.00



RILEY C. DARNELL SECRETARY OF STATE