

F99000005147

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: M.E.C. THERMAL SPRAY, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

500003004905--5
-10/04/99-01135-019
*****87.50 *****87.50

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", 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:

LYNDA PAVAO
(Name of Person)
M.E.C. THERMAL SPRAY, INC.
(Firm/Company)
1889 RT 9 UNIT 49
(Address)
Toms River NJ 08755
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

LYNDA PAVAO at (732) 505-0308
(Name of Person) (Area Code & Daytime Telephone Number)

Name	CP-10-6
Availability	
Document	
Examination	
Updated	
Updated	
Verified	
Acknowledgment	
W. P. Vermyer	

STREET ADDRESS:

Qualification/Tax Lien Section
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

Enclosed is a check for the following amount:

- ☐ \$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. M.E.C. THERMAL SPRAY, INC.
(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. NEW JERSEY
(State or country under the law of which it is incorporated)
3. 22-3499662
(FEI number, if applicable)
4. 2/26/97
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. 9-1-99
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1889 RT. 9 UNIT 49
TOMS RIVER NJ 08755
(Current mailing address)
8. OPERATIONS OF BUSINESS SERVICES - THERMAL COATINGS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: CHRISTINA AUSTIN
Office Address: 4201 B ST. LUCIE BLVD.
FORT PIERCE, Florida, 34946
(Zip code)

10. 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.

Christina Austin
(Registered agent's signature)

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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: RICHARD KULKASKI

Address: 1210 GANNET CT.
FORKED RIVER NJ 08731

Vice Chairman: MATTHEW SZAPUCKI

Address: 1282 WEST TODD RD
TOMS RIVER NJ 08755

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: RICHARD KULKASKI

Address: 1210 GANNET CT.
FORKED RIVER NJ 08731

Vice President: MATTHEW SZAPUCKI

Address: 1282 WEST TODD RD.
TOMS RIVER NJ 08755

Secretary: LYNDA PAVAO

Address: 519 NORTHERN BLVD.
BAYVILLE NJ 08721

Treasurer: MATTHEW SZAPUCKI

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Lynda Pavao
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. LYNDA PAVAO, SECRETARY
(Typed or printed name and capacity of person signing application)

FILED
95 OCT -1 PM 5:09
SECRETARY OF STATE
TREASURY

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

M.E.C. THERMAL SPRAY, INC.

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Profit Corporation was
registered by this office on February 26, 1997.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

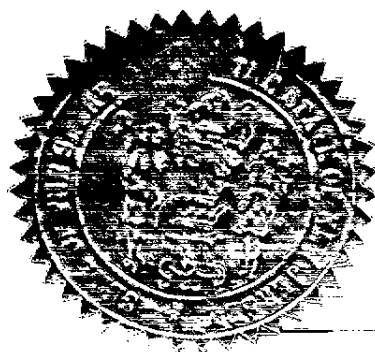
*I further certify that the registered agent and
registered office are:*

*Jaems A Mggs Esq
1720 Hwy 34 Pob 1430
Wall, NJ 07719*

Continued on next page . . .

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

M.E.C. THERMAL SPRAY, INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
24th day of August, 1999

Roland M Machold

Roland M Machold
Treasurer