

NI900001076

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

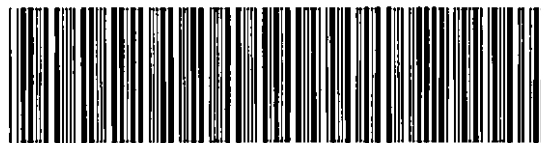
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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W19000079014

Office Use Only



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08/26/19--01008--015 \$130.00

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2019 NOV -4 PM 3:12  
TALLAHASSEE, FLORIDA

Y SCOTT

NOV\_7 2019





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 27, 2019

MELISSA VAUGHN  
1575 HWY 411 NE  
SUITE:105  
CARTERSVILLE, GA 30121

SUBJECT: INDUSTRIAL PRESSURE WORKS, LLC  
Ref. Number: W19000079014

We have received your document for INDUSTRIAL PRESSURE WORKS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$2,165.00.

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.

Yvette Scott  
Document Specialist II

Letter Number: 919A00017648

COVER LETTER

TO: Registration Section  
Division of Corporations

2009-07-14 PM 3:00

SUBJECT: Industrial Pressure Works, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Melissa Vaughn  
Name of Person

Industrial Pressure Works, LLC  
Firm/Company

1575 HWY 411 NE Suite 105  
Address

Cartersville, GA 30121  
City/State and Zip Code

offcemanager@ipwemail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melesa Jacobs at ( 770 ) 334-8107  
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

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

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Industrial Pressure Works, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C." or "LLC")

IPW, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC")

2. North Carolina

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 56-2257899

(U.S. number of applicant)

4. 12/19/2007

(prior document # M07000007412)

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0903 & 605.0905, F.S., to determine penalty liability)

5. 1575 HWY 411 NE Suite 105

(Street Address of Principal Office)

6. 1575 HWY 411 NE Suite 105

(Mailing Address)

Cartersville, GA 30121

Cartersville, GA 30121

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

Name:

Melissa Vaughn

Office Address:

506 Poinsettia Rd

Melbourne Beach

(City)

Florida

32951

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Melissa Vaughn

(Registered agent's signature)

This was an error. We  
are not currently  
doing business in  
Florida.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:                      Name and Address:

☐ Manager                      Name: Melissa Vaughn

☒ Member                      Address: 1575 HWY 411 NE

☐ Authorized                      Suite 105

Person                      Cartersville, GA 30121

☐ Other                      ☐ Other

☒ Manager                      Name: Melesa Jacobs

☐ Member                      Address: 1575 HWY 411 NE

☐ Authorized                      Suite 105

Person                      Cartersville, GA 30121

☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other                      ☐ Other

Title or Capacity:                      Name and Address:

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. I am aware that any 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.

Melissa Jacobs  
Signature of an authorized person

Melissa Jacobs  
Typed or printed name of signer



# NORTH CAROLINA

## Department of the Secretary of State

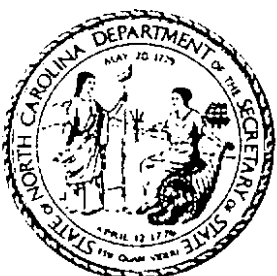
### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### INDUSTRIAL PRESSURE WORKS, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 7th day of January, 2005

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 20th day of August, 2019.

*Elaine F. Marshall*

Secretary of State