

N20000006817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

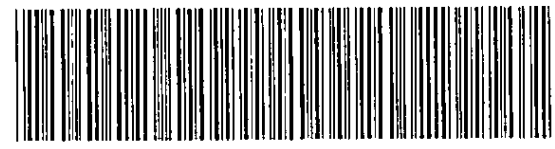
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: August 06, 2020

Name: KEN HOWELL

Reference #: 1247367

Entity Name: GRAHAM ARCHITECTURAL PRODUCTS COMPANY

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other

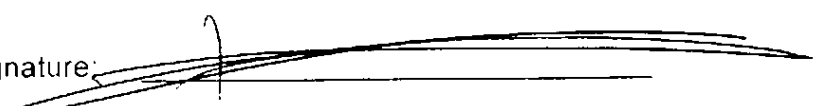
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KEN:  
518-213-0738

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TALLAHASSEE, FLORIDA

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**\*\* FILE 2ND \*\***

Authorized Amount: **\$125.00**

Signature: 

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Graham Architectural Products Company 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:

Lisa Workman

Name of Person

Cogency Global Inc.

Firm/Company

600 SOUTH SECOND ST., SUITE 404

Address

Springfield, IL 62704

City/State and Zip Code

lworkman@cogencyglobal.com

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

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TALLAHASSEE, FLORIDA  
STATE

For further information concerning this matter, please call:

Lisa Workman

Name of Contact Person

888

Area Code

883-6300

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. Graham Architectural Products Company LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Pennsylvania 3. 232012586  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon Filing  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1551 Mt. Rose Avenue 6. PO Box 1104  
(Street Address of Principal Office) (Mailing Address)

York, PA 17403 York, PA 17405-1104

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301  
(City) (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.

Kim Peters on behalf of Cogency Global Inc.  
(Registered agent's signature)

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: Paul L. Rudy, III  
☐ Member Address: 1420 Sixth Avenue  
☐ Authorized York, PA 17403  
Person \_\_\_\_\_  
☒ Other Chairman ☐ Other \_\_\_\_\_

☐ Manager Name: Frederick R. Trimmer  
☐ Member Address: 1551 Mt. Rose Avenue, York, PA 17403  
☐ Authorized York, PA 17403  
Person \_\_\_\_\_  
☒ Other CFO ☐ Other \_\_\_\_\_

☐ Manager Name: Michael DeRosa  
☐ Member Address: 1551 Mt. Rose Avenue, York, PA 17403  
☐ Authorized York, PA 17403  
Person \_\_\_\_\_  
☒ Other COO ☐ Other \_\_\_\_\_

Title or Capacity: Name and Address:  
☐ Manager Name: Brian Hurley  
☐ Member Address: 1551 Mt. Rose Avenue, York, PA 17403  
☐ Authorized York, PA 17403  
Person \_\_\_\_\_  
☒ Other CEO ☐ Other \_\_\_\_\_

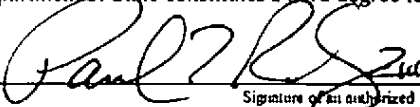
☐ Manager Name: Michael J. Granbois Jr.  
☐ Member Address: 1420 Sixth Avenue  
☐ Authorized York, PA 17403  
Person \_\_\_\_\_  
☒ Other Vice President ☐ Other Secretary

☐ 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.

  
\_\_\_\_\_  
Signature of an authorized person  
  
Paul L. Rudy, III  
\_\_\_\_\_  
Typed or printed name of signee

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

08/05/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

GRAHAM ARCHITECTURAL PRODUCTS COMPANY

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

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DEPT. OF STATE  
HARRISBURG, PENNSYLVANIA



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Kathly Bookman*

Secretary of the Commonwealth

Certification Number: TSC200805110837-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>