# P2300071923

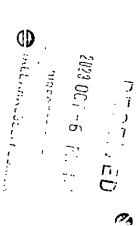
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PICK-UP	TIAW	MAJL MAJL
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## FLORIDA FILING & SEARCH SERVICES, INC.

# P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/6/2023

NAME: EXTRUDER GEARBOX REPAIR, INC.

TYPE OF FILING: ARTICLES

COST:

78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	EXTRUDER GEARBOX REP	PAIR, INC	
NOBSECT.	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Tony Clark		-
PROM	Nam Nam	e (Printed or typed)	
<del></del>	928 W 9th Street	Address	
_	Upland, CA 91786	, State & Zip	
	(909) 374-6845		
	Daytime '	Telephone number	
	Tony@Nationalgearrepair.c		
	E-mail address: (to be use	ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	ncipal street address	Mailing address	s, if different is:
		4	
Tampa, FL 33605		<u> </u>	
RTICLE III PURPOSI the purpose for which the	corporation is organized is: Industrial	Gear Box Repair/Industrial Mach	tine Shop
			<u> </u>
			Ċ.
RTICLE IV SHARES ne number of shares of sto	ock is: 1,000		<u> </u>
	OFFICERS AND/OR DIRECTORS		12: 25
Name and Title:	Tony Clark - CEO/President	Name and Title:	
Address	928 W 9th Street	Address:	
	Upland, CA 91786		
Name and Title:_	Erik Clark - CFO/VP	Name and Title:	
Address _	928 W 9th Street	Address:	
-	Upland, CA 91786		
-		Name and Title	
Name and Title:	Peter Clark - Secretary  928 W 9th Street	Name and Title:	

Address:  ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Paracorp Incorporated  Address: 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Tony Clark - CEO/President  Address: 928 W 9th Street Upland, CA 91786  Ci  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records.  Having been named us registered agent to accept service of process for the above stated corporation at the place designated in certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  SEE ATTACHMENT PAGE  Required Signature/Registered Agent Date	Name ai	nd Title:	Name and Title:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:    Paracorp Incorporated	Addres	S	Address:
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The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  Paracorp Incorporated  Address:  155 Office Plaza Drive, 1st Floor  Tallahassee, FL 32301   ARTICLE VIII INCORPORATOR  The name and address of the Incorporator is:  Name:  Tony Clark - CEO/President  928 W 9th Street  Upland, CA 91786   ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records.  Having been named as registered agent to accept service of process for the above stated corporation at the place designated in certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  SEE ATTACHMENT PAGE			
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	Having been no certificate, I am	nned us registered agent to accept service of proces a familiar with and accept the appointment as regis	s for the above stated corporation at the place designated in t stered agent and agree to act in this capacity
Required Signature/Registered Agent Date	SI	EE ATTACHMENT PAGE	
		Required Signature/Registered Agent	Date
	I submit this d		ire true. I am aware that the false information submitted i

## STATE OF FLORIDA

## REGISTERED AGENT CONSENT FORM

DATE: 10/05/2023

ENTITY NAME: EXTRUDER GEARBOX REPAIR, INC.

### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated