

F25000000036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

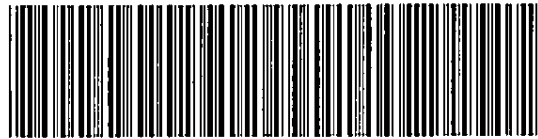
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



200441638462

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DIVISION OF CORPORATIONS
25 JAN -2 AM 9:58

2005 JAN -2 PM 3:09



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 01/02/25
Order #: 1755058-1
Re: Coil Master Corporation
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.0 - FL State Account Number:
120000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coil Master Corporation

Name of corporation - must include suffix

Dear Sir or Madam:

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

John J. Martin

Name of Person

Chapman and Cutler LLP

Firm/Company

320 South Canal Street, Suite 2600

Address

Chicago, Illinois 60606

City/State and Zip code

jjmartin@chapman.com

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

For further information concerning this matter, please call:

Brian T. Coughlin

at (312) 845-3722

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

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

☐ \$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. Coil Master Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Tennessee 3. 62-1810620
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/28/2000 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 440 Industrial Dr., Moscow, Tennessee 38057
(Principal office street address)

(Current mailing address, if different)

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

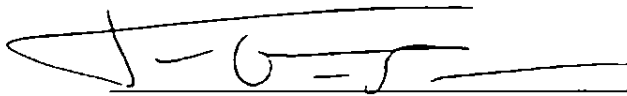
Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

9. 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.

 Joshua Goodman, Assistant Secretary
(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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DIVISION OF CORPORATIONS
25 JAN -2 AM 9:58

A. DIRECTORS

☐ Chairman Name: Jason Macgregor
☐ Vice Chairman Address: 440 Industrial Dr.
☒ Director Moscow, Tennessee 38057
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Craig Phelon
☐ Vice Chairman Address: 440 Industrial Dr.
☒ Director Moscow, Tennessee 38057
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Daniel Hanrahan
☐ Vice Chairman Address: 440 Industrial Dr.
☐ Director Moscow, Tennessee 38057
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Mark Rogers
☐ Vice Chairman Address: 440 Industrial Dr.
☐ Director Moscow, Tennessee 38057
☐ President _____
☒ Vice President Finance
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Christian Sorensen
☐ Vice Chairman Address: 440 Industrial Dr.
☐ Director Moscow, Tennessee 38057
☒ President President HVAC/R Solutions Platform
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Onieluan Tamunobere
☐ Vice Chairman Address: 440 Industrial Dr.
☐ Director Moscow, Tennessee 38057
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

12. Onieluan Tamunobere
Signed by
3C4B3504180E48E
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Onieluan Tamunobere President
 (Typed or printed name and capacity of person signing application)



Tre Hargett
Secretary of State

**Division of Business Services
Department of State**

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

VINCE DILLIVAN
VINCE DILLIVAN
SUITE 400
2711 CENTERVILLE RD
WILMINGTON, DE 19808

January 2, 2025

Request Type: Certificate of Existence/Authorization
Request #: 0618209

Issuance Date: 01/02/2025
Copies Requested: 1

Document Receipt

Receipt #: 009416208 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3889184358 \$20.00

Regarding: COIL MASTER CORPORATION

Filing Type: For-profit Corporation - Domestic
Formation/Qualification Date: 01/28/2000
Status: Active
Duration Term: Perpetual
Business County: FAYETTE COUNTY

Control #: 383781
Date Formed: 01/28/2000
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

COIL MASTER CORPORATION

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 071927628