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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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COVER LETTER

Division of Corporations						
SUBJECT: PATRICKS POWDER COATING INCORPORATED 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:						
PATRICK Shrum						
Name of Person						
PATRICIES POWDER COATING INCORPORATED Firm/Company						
Firm/Company						
4468 Mermell Circle Address						
Northport Florida 34291 City/State and Zip code						
PShrume hotmail: com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
PATRICK Shrum at (810) 908-2584 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 & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy						

-ÁPPLICATION 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. PATTICKS POWDER COATING 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) 4. 05/21/2008 5. 05/21/2008 - CUSSENT (Date of incorporation) (Date of duration, if other than perpetual) 6. NO Transactions have been conducted in The STATE of Florida (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 20964 South Miles ClinTon tup. mi. 48036 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) PATRICK Shrum

4468 Mermell Circle

North Port Florida 34291

(City) (Zip code) Name: Office Address:

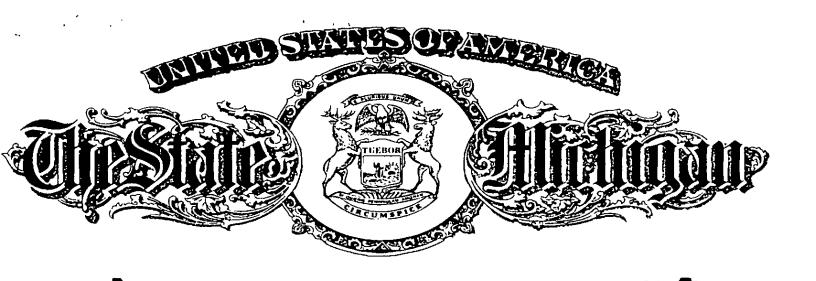
9. Registered agent's acceptance:

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.

(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.

A. DIRECTORS	•			
□Chairman	Name: PATRICK Shrum	□ Chairman	Name:	
□Vice Chairman	Address: 4468 Mermell Circle	□Vice Chairman	Address:	
⊠ Director	North Port, F1 34291	Director		
□President		□President	·-··	
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	Other		Other
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	☐ Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	Treasurer	☐ Secretary		☐Treasurer
□Other	Other	□Other		Other
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	<u> </u>
□Director		□Director	 	
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	□Other	Other		□Other
	Use an attachment to report more than six (6). The e added to the index when filing your Florida Depa	rtment of State Annual Re	eport form.	
she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in nu also information submitted in a document to the De	partment of State constitu		
13. <u>PA-</u>	trick Shrum Direct	01		



Lansing, Michigan

Department of Licensing and Regulatory Affairs

This is to Certify That

PATRICKS POWDER COATING, INC.

was validly incorporated on May 21, 2008 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

COTPORTING A Commercial Life

Sent by electronic transmission

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 11th day of December, 2024.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 24120338510