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(Dawnshida Nama)							
(Requestor's Name)							
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PICK-UP WAIT MAIL							
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(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: ACE APPLIANCE PAYS INC. 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:
MAH JAVOWIECK, Name of Person
ACE APPLIANCE Firm/Company
3724 Airport Hwy
Toledo OH U3615 City/State and Zip code /
ACE ADD'E AMDIEXTINE THEY MATTE ACE APPLIANCE
For further information concerning this matter, please call:
MAH TANOWIECE, at (419) 466-5683 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE REGISTER A POL	REIGN CORPORATION :	DO TRANSACT BU	IUTES, THE FOLD SINESS IN THE ST	UWING IS SUBM ITE OF FLORID	INTED TO A.	
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(Enter passe of o	orporation; must include "D orp," "Ine," "Co," or "Corp."	NCORPORATED," "	COMPANY," "COR	PORATION,"		-
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ACE F	+PP11AUCE	PAHS	INC. O	F Flor	7d4	_
(lf vers mavil)	sble in Florida, enter alterna	de corporate name ad	opted for the purpose o	transacting busin	ers in Florida)	
2. Ohio		3	<u> 34-</u>	104355	<u> </u>	-
(State of country	under the law of which it is	incorporated)	_	nber, (fapplicable)		
4	of incorporation)	5	2021 Dunation: Year corp.	vill come to exist o	"harnatne!"\	-
_	or more parametry	•	>0,000 cm		- papous ,	
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2/1011	(SEE SECTIONS	507.1501 ♣ 607.1502	F.S., to determine po	nalty liability) U361		
7. 5124	HILL I	rincipal office address	ENO OH	4 /41	.5	•
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Q.	ماره م الرام	•			Es e	د
8. Purpose(s	of componention authorized		try to be carried out in	state of Florida)	- - - -	5
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Name:	lerence.L.	i Oi	_		PA PA	ŗ.,
Office Address:	_3389_Irini-	-			<u> </u>	,
	North Por] (Florida	<u> </u>	15	
	(City)	(Zip ca	ode)		
10. Registered ag	ent's acceptances					nlass
deslowated in this	ed as régistered agent an application, I hereby acc	eed the aqualitimes	d as regusered again	f and agree to ac	i in this cape	cay. /
further agree to co	musty with the provisions with and accept the oblig	r of all statutes reid	tive to the proper as	id complete perfe	rmance of M	y duties,
and a multimetter	when their effective one and		<u></u>			
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	(Keinstein)	क्टिकार, s स्रोठिएकार (s) ,	•			

11. 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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ____ Vice Chairman: ____ Address: _ Director: Address: Director: **B. OFFICERS** Vice President: Address: __ Secretary: _____ Address: 11 Treasurer: ___ Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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.

(Typed or printed name and capacity of person signing application)

United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ACE APPLIANCE PARTS, INC., an Ohio corporation, Charter No. 818163, having its principal location in Toledo, County of Lucas, was incorporated on April 20, 1992 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 8th day of November, A.D. 2010

Ohio Secretary of State

Validation Number: V2010312N876A8