

F000000000705

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: A. G. Tollefson & Co., Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

000003124590--5
-02/04/00--01091--007
*****87.50 *****87.50

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

M. Madeline Tollefson
(Name of Person)
A. G. Tollefson & Co., Inc.
(Firm/Company)
P.O. Box 268
(Address)
Lecompton, KS 66050
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

M. Madeline Tollefson at (785) 887-6357
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
00 FEB -4 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mtu
2/9

Enclosed is a check for the following amount:

- ☐ \$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. A. G. Tollefson & Co., Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Kansas

(State or country under the law of which it is incorporated)

3. 48-0776335

(FEI number, if applicable)

4. January 9, 1969

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. February 15, 2000

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. P.O. Box 268

Lecompton, KS 66050

(Current mailing address)

8. Construction - building contractor

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida, 32301

(Zip code)

10. **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.

Deborah D. Skipper

(Registered agent's signature)

**Deborah D. Skipper
as its agent**

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 addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

FILED
00 FEB -4 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Allen G. Tollefson

Address: 437 North 2190 Rd

Lecompton, KS 66050

Vice Chairman: M. Madeline Tollefson

Address: 437 North 2190 Rd

Lecompton, KS 66050

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Allen G. Tollefson

Address: 437 North 2190 Rd

Lecompton, KS 66050

Vice President: Allen G. Tollefson

Address: 437 North 2190 Rd

Lecompton, KS 66050

Secretary: M. Madeline Tollefson

Address: 437 North 2190 Rd

Lecompton, KS 66050

Treasurer: M. Madeline Tollefson

Address: 437 North 2190 Rd

Lecompton, KS 66050

FILED
00 FEB -4 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Allen G. Tollefson

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

STATE OF KANSAS

OFFICE OF
SECRETARY OF STATE
RON THORNBURGH



To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to corporations and that I am the proper official to execute this certificate.

I FURTHER CERTIFY THAT

A. G. TOLLEFSON & CO., INC.

is a regularly and properly organized corporation under the laws of the state of KANSAS, having been incorporated in Kansas on the 9th day of January, A.D. 1969 and has paid all fees and franchise taxes due this office and is in good standing according to the records now on file in the office of Secretary of State.

In testimony whereof:

I hereto set my hand and cause
to be affixed my official seal
Done at the City of Topeka, this
7th day of December, A.D. 1999

FILED

DEC -4 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



RON THORNBURGH
SECRETARY OF STATE