

F06000007851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

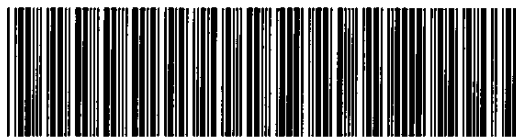
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 DEC 22 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 26 2006

W06-S3287
W06-S0730

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: WIEGMANN ASSOCIATES 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," 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:

LORI TROKEY

(Name of Person)

WIEGMANN ASSOCIATES

(Firm/Company)

750 FOUNTAIN LAKES BL'VD

(Address)

ST. CHARLES MO 63301

(City/State and Zip code)

For further information concerning this matter, please call:

LORI TROKEY

(Name of Person)

at (636) 757-2025

(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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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SECTION OF FLORIDA
TALLAHASSEE, FLORIDA

**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. WIEGMANN ASSOCIATES INC
(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. MISSOURI 3. 43-1701405
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MARCH 1995 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "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. 750 FOUNTAIN LAKES BLVD, ST. CHARLES MO 63301
(Principal office address)

SAME AS ABOVE
(Current mailing address)

8. MECHANICAL 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 NOT acceptable)

Name: CT CORPORATION SYSTEM

Office Address: 1200 S. PINE ISLAND ROAD

PLANTATION, Florida 33324
(City) (Zip code)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

SEE ATTACHED

(Registered agent's signature).

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.

ACCEPTANCE OF APPOINTMENT

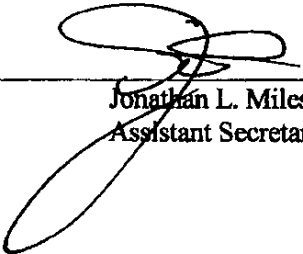
RE: **Wiegmann Associates, Inc.**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: November 10, 2006

CT CORPORATION SYSTEM

By _____


Jonathan L. Miles,
Assistant Secretary

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: GERALD WIEGMANN

Address: 750 FOUNTAIN LAKES BLVD
ST. CHARLES MO 63301

Director: DAVID BOSCHERT

Address: 750 FOUNTAIN LAKES BLVD
ST. CHARLES MO 63301

B. OFFICERS

President: GERALD WIEGMANN

Address: 750 FOUNTAIN LAKES BLVD
ST. CHARLES MO 63301

Vice President: DAVID BOSCHERT

Address: 750 FOUNTAIN LAKES BLVD
ST. CHARLES MO 63301

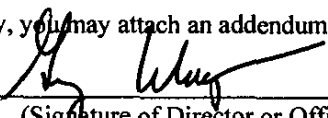
Secretary: KEVIN DESPLINTER

Address: 750 FOUNTAIN LAKES BLVD

Treasurer: _____

Address: _____

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. GERALD WIEGMANN PRESIDENT
(Typed or printed name and capacity of person signing application)

STATE OF MISSOURI



Robin Carnahan
Secretary of State


**CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING**

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

**WIEGMANN & ASSOCIATES INC.
00406476**

was created under the laws of this State on the 26th day of January, 1995, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 5th day of December, 2006


Secretary of State



Certification Number: 9241937-1 Reference:

Verify this certificate online at http://www.sos.mo.gov/online/certificate_verification