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Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIO

MRSI

UM-46158

COVER LETTER

TO: New Filing Section Division of Corporations						
SUBJECT: Midwest C	ASTER & WhEEL INC					
(Name of corpo	ration - must include suffix)					
Dear Sir or Madam:						
	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to					
Please return all correspondence concerning this ma	atter to the following:					
LARRY G	rose.					
(Nam	Per of Person)					
Midwest	CASTER & Wheel INC					
(Firm	/Company)					
431 W S	Eymour AVE					
(1	Address)					
CINCINNATI	EYMOUR AVE Address) OH 45216					
(City/St	ate and Zip code)					
For further information concerning this matter, plea	se call:					
LARRY GROSE at (5)	13 821-8230					
(Name of Person) at (513) 821-8230 (Area Code & Daytime Telephone Number)						
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
New Filing Section	New Filing Section					
Division of Corporations	Division of Corporations					
Clifton Building P.O. Box 6327						
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314					
Enclosed is a check for the following amount:						
्रापुर प्रोरं कुमार कमा । एको परिवार के का करना 						
\$70.00 Filing Fee \$\times \times \times \times \times \times \times \times \times \times \times \times \times \qu	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy					



September 19, 2007

LARRY GROSE MIDWEST CASTER & WHEEL INC 431 W SEYMOUR AVE CINCINNATI, OH 45216

SUBJECT: MIDWEST CASTER & WHEEL INC

Ref. Number: W07000046158

We have received your document for MIDWEST CASTER & WHEEL INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A brief description of the entity's nature of business must be included in the document.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist

Letter Number: 907A00055120

FROM # BURNS CO.

PHONE NO. : 513 777 0871

Aug. 29 2007 10:21AM P2

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

I COMPLIANCE EGISTER A FOR	WITH SECTION CORPO	ON 607.1503, F. RATION TO TI	LORIDA STA RANSACT BU	TUTES, THE SINESS IN TI	FOLLOWI HE STATE	NG IS SU OF FLOR	IBMITTED TO RIDA.	•
		ASTER &						
(Enter name of co	orporation; must	include "INCOK				ATION,"		_
(If name unavaila	ble in Florida, e	nter alternate corp	porate name ad	opted for the p	urpose of tra	nsacting b	usiness in Floric	la)
State or country			3	31-	1574	021		
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(Date				Duration: Yea	r corp. will o	case to ex	ist or "perpetual	.")
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	(SEE SI	ate first transacte ECTIONS 607.15	01 & 607.150	2. F.S., to deter	mine penalty	liability)		
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. Registered againg been names signated in this orther agree to co	ed as registered application, I i omply with the	d agent and to a hereby accept th provisions of a	he appointme Il statutes rel	nt as register ative to the pr	ed agent an coper and c	id agree t	orporation at the orporation a	he plac pacity.
nd I am familiar	with and acce	ot the obligation	ns of my posi	tion as registe	ered agent.			
•	Lisa	Reeves, Assist	ant Secretar	, .				د
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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.

A. DIRECTORS Chairman: Address: ____ Vice Chairman; Address: ____ Director: Address: Address: **B. OFFICERS** Cincinnati of 45236 Vice President: Address: ___ Secretary: Address: _____ Treasurer: Address: ___ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) LARRY J. GROSE (Typed or printed name and capacity of person signing application)

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

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 MIDWEST CASTER & WHEEL INC., an Ohio corporation, Charter No. 995177, having its principal location in Cincinnati, County of Hamilton, was incorporated on October 27, 1997 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 29th day of July, A.D. 2007

Ohio Secretary of State

Validation Number: V2007210J9FE02