

**F08000005169**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VH

# **Life Line**

**EMERGENCY VEHICLES**

P.O. Box 299  
Sumner, Iowa 50674

Phone (563) 578-3317  
Fax (563) 578-3305

December 1, 2008

Florida Department of State  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To Whom It May Concern:

When you have completed our "Application by Foreign Corporation for Authorization to Transact Business in Florida" will you please send our "Certificate of Status & Certified Copy" back to us UPS Next Day using the pre-labeled envelope enclosed.

We are in a time sensitive situation to apply for a "Manufacture License" in the State of Florida.

Thank you and if you have any questions, please call me at 800-922-7477.

Sincerely,

*Cathy Buhr*

Cathy Buhr,  
Accounting Manager

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** LIFE-LINE EMERGENCY VEHICLES, 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," 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:

TERRY LEICHER  
(Name of Person)  
LIFE-LINE EMERGENCY VEHICLES, INCORPORATED  
(Firm/Company)  
1 LIFE-LINE DRIVE PO BOX 299  
(Address)  
SUMNER, IA 50674  
(City/State and Zip code)

For further information concerning this matter, please call:

TERRY LEICHER at ( 563 ) 578-3317  
(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 & 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. LIFE-LINE EMERGENCY VEHICLES, INCORPORATED  
(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. IOWA 3. 41-1528099  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/09/1987 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. 1 LIFE-LINE DRIVE SUMNER, IA 50674  
(Principal office address)  
PO BOX 299 SUMNER, IA 50674  
(Current mailing address)

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TALLAHASSEE, FLORIDA

8. MANUFACTURE OF AMBULANCES IN THE STATE OF IOWA. WILL BE SELLING OUR PRODUCT THROUGH A FRANCHISE DEALER IN FLORIDA. (DEALER: TEN-8 FIRE EQUIPMENT, INC.)  
(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)

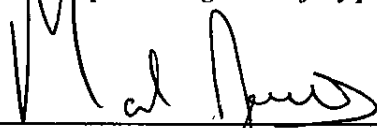
Name: TEN-8 FIRE EQUIPMENT, INC.

Office Address: 2904 59TH AVE. DR. E.

BRADENTON, Florida 34203  
(City) (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.*

  
\_\_\_\_\_  
(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.

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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: TERRY LEICHER

Address: 210 N. RAILROAD ST. SUMNER, IA 50674

Vice President: CONNIE LEICHER

Address: 201 N. RAILROAD ST. SUMNER, IA 50674

Secretary: PEGGY BECKER

Address: 401 CORKERY DR. SUMNER, IA 50674

Treasurer: PEGGY BECKER

Address: 401 CORKERY DR. SUMNER, IA 50674

**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. TERRY LEICHER, PRESIDENT

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

# IOWA

Date: 11/24/2008

## SECRETARY OF STATE

490 DP-000115888  
LIFE-LINE EMERGENCY VEHICLES, INCORPORATED

PO BOX 299  
SUMNER, IA 50674

### CERTIFICATE OF EXISTENCE

Name: LIFE-LINE EMERGENCY VEHICLES, INCORPORATED  
Date of Incorporation: 06/09/1987  
Duration: PERPETUAL

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the Secretary of State, and that articles of dissolution have not been filed.



*Michael A. Mauro*  
MICHAEL A. MAURO SECRETARY OF STATE



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