



**COVER LETTER**

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

**SUBJECT:** RECO LIMITED  
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:

Chris Kibler  
Name of Person

RECO LIMITED  
Firm/Company

20080 Mennonite Road  
Address

Gulfport, MS 39503  
City/State and Zip code

Chris@recolimited.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Kibler at (228) 831-0904  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

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DIVISION OF CORPORATIONS

March 16, 2011

CRIS KIBLER  
20080 MENNONITE ROAD  
GULFPORT, MS 39503

SUBJECT: RECO LIMITED  
Ref. Number: W11000015272

We have received your document for RECO LIMITED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Regulatory Specialist II

Letter Number: 711A00006472

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. RECO LIMITED Corp.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MS 3. 640 86 7150  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/31/95 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)


7. 20080 Mennonite Road Gulfport, MS 39503  
(Principal office address)

Same  
(Current mailing address)

8. to conduct lawful business including but not  
(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) limited to real estate, consulting, trading  
Name: Chris Kibler  
Office Address: 770 Hwy 98 # C3  
Destin, Florida 32551  
(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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_ C. H. Kibler  
20080 Mennonite Road  
Gulfport, MS 39503

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

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

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

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

Address: \_\_\_\_\_ C. H. Kibler  
20080 Mennonite Road  
Gulfport, MS 39503

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

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

**B. OFFICERS**

President: \_\_\_\_\_ C. H. Kibler  
20080 Mennonite Road

Address: \_\_\_\_\_ Gulfport, MS 39503

Vice President: \_\_\_\_\_

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


Secretary: \_\_\_\_\_ C. H. Kibler  
20080 Mennonite Road

Address: \_\_\_\_\_ Gulfport, MS 39503

Treasurer: \_\_\_\_\_ C. H. Kibler  
20080 Mennonite Road

Address: \_\_\_\_\_ Gulfport, MS 39503

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

13.  \_\_\_\_\_

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.

14. Chris Kibler, President/Director/Secretary \_\_\_\_\_

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

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2011 MAR 23 PM 4:41  
MISSISSIPPI SECRETARY OF STATE

**State of Mississippi**  
**Office of the Secretary of State**  
**C. Delbert Hosemann, Jr., Secretary of State**  
**Jackson, Mississippi**

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CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on October 31, 1995, the State of Mississippi issued a Charter/Certificate of Authority to:

RECO LIMITED

That the state of incorporation is MISSISSIPPI.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand  
and seal of office  
March 10, 2011

*C. Delbert Hosemann, Jr.*

C. Delbert Hosemann, Jr.  
Secretary of State