



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Moridge Manufacturing 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," 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:

J. Duane Guyer

Name of Person

Moridge Manufacturing Inc.

Firm/Company

PO Box 810

Address

Moundridge, KS 67107

City/State and Zip code

jdguyer@grasshoppermower.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J. Duane Guyer

at ( 620 ) 345-6301

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration 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. Mordige Manufacturing 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. Kansas 3. 48-0649764  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 5/18/1959 5. \_\_\_\_\_  
 (Date of incorporation) (Date of duration, if other than perpetual)

6. 1/1/2017  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 105 Old Highway 81 S. Moundridge, KS 67107 Florida address:1752 Apex Road Unit D, Sarasota FL 34240  
 (Principal office address)

PO Box 810 Moundridge KS 67107  
 (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
 (City) (Zip code)

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 16 DEC -7 AM 10:03  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

**9. 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.*

C T Corporation System

By:  Cristina Lam, Vice President  
 (Registered agent's signature)

10. 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.

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

**A. DIRECTORS**

Chairman: E. Stanley Guyer  
Address: PO Box 810 Moundridge KS 67107

Vice Chairman: RA Stucky  
Address: PO Box 810 Moundridge KS 67107

Director: J. Duane Guyer  
Address: PO Box 810 Moundridge KS 67107

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

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COMMERCIAL & BUSINESS SERVICES DIVISION

**B. OFFICERS**

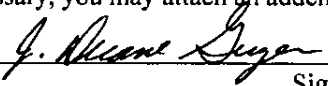
President: E. Stanley Guyer  
Address: PO Box 810 Moundridge KS 67107

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

Secretary: RA Stucky  
Address: PO Box 810 Moundridge KS 67107

Treasurer: J. Duane Guyer  
Address: PO Box 810 Moundridge KS 67107

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

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. J. Duane Guyer Treasurer  
(Typed or printed name and capacity of person signing application)

**STATE OF KANSAS  
OFFICE OF  
SECRETARY OF STATE  
KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 0050815

Entity Name: MORIDGE MANUFACTURING, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: E. STANLEY GUYER

Registered Office: 105 OLD US HIGHWAY 81, MOUNDRIDGE, KS 67107

was filed in this office on May 18, 1959, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

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OFFICE OF THE  
SECRETARY OF STATE  
KANSAS



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of September 13, 2016

A handwritten signature in black ink, appearing to read 'Kris W. Kobach', written in a cursive style.

**KRIS W. KOBACH  
SECRETARY OF STATE**

Certificate ID: 847986 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.