

5/23/2017

Division of Corporations

F17000002354
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

((H17000140708 3)))



H170001407083ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA00000023
 Phone : (512)418-6949
 Fax Number : (954)208-0845

2017 MAY 23 AM 11:02
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA
FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Viking Automatic Sprinkler Company

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$70.00

2017 MAY 23 PM 4:33

TALLAHASSEE FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 24 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Viking Automatic Sprinkler Company
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:

Bryan Kuha
Name of Person

Viking Automatic Sprinkler Company
Firm/Company

301 York Ave
Address

St Paul, MN 55130
City/State and Zip code

bryan.kuha@vikingsprinkler.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Kuha at (651) 558-3216
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. Viking Automatic Sprinkler Company
(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. Minnesota 3. 41-0593860
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/06/1924 5. _____
(Date of incorporation) (Date of duration, if other than 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. 301 York Avenue, St. Paul, MN 55130
(Principal office address)

same
(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)

2017 MAY 23 AM 11:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA
FILED

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: Jeanne Nelson
(Registered agent's signature)
Jeanne Nelson
Assistant Secretary

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 SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Andrew S. McCleery

Address: _____

Vice President: _____

Address: _____

Secretary: Thomas A. Lydon

Address: _____

Treasurer: _____

Address: _____

FILED
2017 MAY 23 AM 11:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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. Bryan Kuhn, Assistant Treasurer

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

**Attachment to Florida
Officers & Directors**

- 1 Full Name: Lee R. Anderson
Officer/Director: Officer
Officer's Title: Chairman of the Board
Director's Title:
Business Address: 1100 Old Hwy 8 NW
City: New Brighton
State: MN
ZIP Code: 55112
- 2 Full Name: Scott Hatfield
Officer/Director: Officer
Officer's Title: Assistant Treasurer
Director's Title:
Business Address: 1100 Old Hwy 8 NW
City: New Brighton
State: MN
ZIP Code: 55112
- 3 Full Name: Bryan L. Kuha
Officer/Director: Officer
Officer's Title: Assistant Secretary
Director's Title:
Business Address:
City:
State:
ZIP Code:
- 4 Full Name: Bryan L. Kuha
Officer/Director: Officer
Officer's Title: Assistant Treasurer
Director's Title:
Business Address:
City:
State:
ZIP Code:
- 5 Full Name: Andrew S. McCleery

FILED
 2017 MAY 23 AM 11:02
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Officer/Director: Officer
 Officer's Title: Chief Executive Officer
 Director's Title:
 Business Address:
 City:
 State:
 ZIP Code:
 6 Full Name: Mark Polovitz
 Officer/Director: Officer
 Officer's Title: Assistant Treasurer
 Director's Title:
 Business Address:
 City:
 State:
 ZIP Code:
 7 Full Name: Thomas A. Lydon
 Officer/Director: Officer
 Officer's Title: Chief Financial Officer and Treasurer
 Director's Title:
 Business Address:
 City:
 State:
 ZIP Code:
 8 Full Name: Russell A. Becker
 Officer/Director: Officer
 Officer's Title: Director
 Director's Title:
 Business Address: 1100 Old Hwy 8 NW
 City: New Brighton
 State: MN
 ZIP Code: 55112
 9 Full Name: Lee R. Anderson
 Officer/Director: Director
 Officer's Title:
 Director's Title: Director

FILED
 2017 MAY 23 AM 11:02
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Business Address: 1100 Old Hwy:8 NW
City: New Brighton
State: MN
ZIP Code: 55112

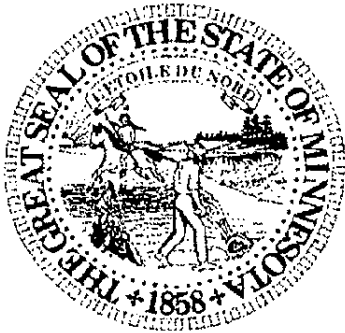
FILED
2017 MAY 23 AM 11:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: VIKING AUTOMATIC SPRINKLER COMPANY
Date Filed: 12/06/1924
File Number: 123-AA
Minnesota Statutes, Chapter: 302A
Home Jurisdiction: Minnesota

This certificate has been issued on: 05/23/2017



Steve Simon

Steve Simon
Secretary of State
State of Minnesota