

# FOI 0000003911

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Team Leader Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

500004491845--1  
-07/23/01--01094--009  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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:

Mike Kleppe, General Manager  
(Name of Person)

Team Leader, Inc.  
(Firm/Company)

P.O. Box 65858  
(Address)

West Des Moines, Ia 50265  
(City/State and Zip code)

For further information concerning this matter, please call:

Mike Kleppe at (515) 267-8119 Ext 6901  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**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

FILED  
01 JUL 23 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mtu

7/24

**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. Team Leader, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Owasa 3. 42-1444170  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/95 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1824 Industrial Circle, West Du Moine, Ia 50245  
(Principal office address)  
P.O. Box 165858  
(Current mailing address)
8. Employment Agency  
(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 or Mail Drop Box **NOT** acceptable)  
Name: Robert W. Bible, Jr., Esq.  
Office Address: 4600 W. Cypress St., Suite 500  
Tampa, Florida 33607  
(City) (Zip code)

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**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.*

Robert W. Bible, Jr.  
(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: Chris Kane

Address: P.O. Box 165858  
West Des Moines, IA 50265

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

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

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

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

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

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

B. OFFICERS

President: Chris Kane

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

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

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13. Christopher Kane President  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Christopher Kane President  
(Typed or printed name and capacity of person signing application)

# IOWA

No. 00144451  
Date: 05/24/2001

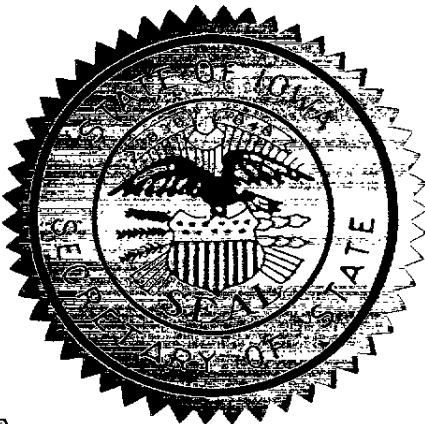
490 DP-00010748  
**SECRETARY OF STATE**  
MIKE KLEPPE  
TEAM LEADER, INC.  
PO BOX 65858  
WEST DES MOINES, IA 50265

## CERTIFICATE OF EXISTENCE

Name: TEAM LEADER, INC.  
Begin date: 19950908  
Expiration: PERPETUAL

I, CHESTER J. CULVER, secretary of state of the state of Iowa, custodian of the records of incorporations, certify that the corporation 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.

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TALLAHASSEE, FLORIDA



*Chester J. Culver*

CHESTER J. CULVER

SECRETARY OF STATE



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