# F0200000046

4.

#### TRANSMITTAL LETTER

Division of Cor	
SUBJECT:MG	Kasy & Associates Sales, Inc.
	(Name of corporation - must include suffix)
Dear Sir or Madam:	0000047453907 -12/31/0101078003 *****70.00 ******70.00
The enclosed "Applicate "Certificate of Existence to transact business in F	on by Foreign Corporation for Authorization to Transact Business in Florida",  ", and check are submitted to register the above referenced foreign corporation
Please return all corresp	ondence concerning this matter to the following:
Dar	ryl Lauritzen
	(Name of Person)
McK	asy & Associates Sales, Inc.
	(Firm/Company)
230	6 Little Country Road
	(Address)
Par	rish, FL 34219
	(City/State and Zip code)
For further information o	concerning this matter, please call:
Roland Anderso (Name of Perso	(Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for the	P.O. Box 6327
☑ \$70.00 Filing Fee	ne following amount:  □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy 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. McKasy & Associates Sales, 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.) Minnesota (State or country under the law of which it is incorporated) Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") <u>Upon qualification</u> (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.) 2306 Little Country Rd., Parrish, FL 34219 (Principal office address) 2306 Little Country Rd., Parrish, FL 34219 (Current mailing address) Manufacturer's Representative & Other general business purposes (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). Darryl Lauritzen Name: 2306 Little Country Rd., Office Address: --- .- , Florida <u>34219</u> (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.

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.

(Registered agent's signature)

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

A. DIRE	CTORS	
Chairman:		
_		
-		
Vice Chair	man:	
Address: _		
<del></del>		<u>.</u>
Director:	Darryl Lauritzen	
		-2
Audress: _	2306 Little Country Rd.	
_	Parrish, FL 34219	
Director: _	The state of the s	
Address: _	the state of the s	
B. OFFIC	CERS	<u></u>
	Darryl Lauritzen	
Address: _	2306 Little Country Rd.	
_	Parrish, FL 34219	
Vice Preside	ent: Same	
Address:	V255 (1)	_
. Iddiess		_
_	<u> </u>	_
Secretary: _	Same ZZ	·
Address:		<b>-</b>
Treasurer: _	Same	<u> </u>
Address:		_
NOTE: If	necessary, you may attach/an addendum to the application listing additional officers and/or directors.	_
13	( Laugh Sount	_
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	_
14	Darryl Lauritzen, President	_
	(Typed or printed name and capacity of person signing application)	

# state of Minnesota

## SECRETARY OF STATE

#### Certificate of Good Standing

I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: MCKASY & ASSOCIATES SALES, INC.

Date Formed: 11/01/1988

Chapter Governed By: 302A

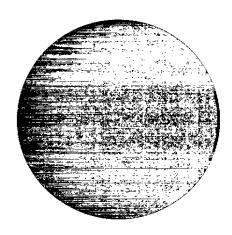
This certificate has been issued on 11/20/01.

TILED

THE STATE

ALLAHASSEE, HORIDA

ALLAHASSEE, HORIDA



Mary Kiffmeyer Secretary of State.