# FO200003223 TRANSMITTAL LETTER

TO:

Registration Section

Division of Corporations

SUBJECT:

KOEGLE SALES, 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", 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:

CINDY BRAY		æ <sup>K</sup> z een i √	والمراجعة والمساورة		oss		
· · · · · · · · · · · · · · · · · · ·	(Na	me of Person)		-06/25/020	<u>)1008</u> 002		
COOPER & PACHELL				*****70.00	*****70.00		
	(Fin	rm/Company)		<del></del>			
525 N. CLEVELAND	-MASSILLON ROAD						
		(Address)					
AKRON OHIO 443	33		÷	<del></del> .			
	(City/	State and Zip co	ode)		P		
For further information cond	cerning this matter, p	lease call:					
CINDY BRAY	at ( 3:	30 ) 666	-3777		,		
(Name of Person)		Area Code & D	aytime Teleph	none Number)	_		
STREET ADDRESS:			NG ADDRES	S:	2 20 20 20 20 20 20 20 20 20 20 20 20 20		
Registration Section			tion Section				
Division of Corporations			Division of Corporations				
409 E. Gaines St. P.O. Box 6327  Tallahassee, FL 32399 Tallahassee, FL 32314							
Tallahassee, FL 32399		1 ananas	isee, FL 3231	.4	•		
Enclosed is a check for the f	ollowing amount:		•				
SER \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		Filing Fee & d Copy	□ \$87.50 Filition  Certificate  Certified (	of Status &		

#### 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.	KOEGL	E SALES, INC.		01 Mg K	<b>)</b> .
	words or abbrev		clearl	TED", "COMPANY", "CORPORATION" or the present.)  84–1512359  (FEI number, if applicable)	a co
2.	COLOR	ADO	. 3.	84–1512359	10.
	(State or country	under the law of which it is incorporated	)	(FEI number, if applicable)	1/2
4.	JANUA	ARY 9, 1991	5.	PERPETUAL	2/5 -
	(Dat	e of incorporation)	***************************************	(Duration: Year corp. will cease to exist or "perpetual")	`= <sup>*</sup> :
6.	12-02	-00			
7			.1501	ot transacted business in Florida, insert "upon qualification.") 1, 607.1502 and 817.155, F.S.)	. <u> </u>
/· <u>-</u>	·	(Principal offic			· · · · · · · · · · · · · · · · · · ·
	715 W	EBER DRIVE, PO BOX 393, WADS	WOR'	RTH OH 44281	
-	"# <u></u>	(Current mailin	g add	dress)	·
8.	SALES			<u> </u>	
	(Purpose(	s) of corporation authorized in home state	or co	ountry to be carried out in state of Florida)	
9.	Name and <u>str</u>	<u>eet address</u> of Florida registered ag	ent:	(P.O. Box or Mail Drop Box NOT acceptable)	
	Name:	MARK HILLESTAD	<u>_</u>	·	
Off	fice Address:	1001 SPYGLASS LANE			
	_	NAPLES		, Florida 34102	
		(City)		(Zip code)	<u> </u>

#### 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: \_\_\_ MARK\_HILLESTAD Address: 1001 SPYGLASS LANE, NAPLES FL 34102 Vice Chairman: Address: \_ Director: MARK HILLESTAD Address: 1001 SPYGLASS LANE, NAPLES, FL 34102 Director: Address: **B. OFFICERS** President: MARK HILLESTAD Address: 1001 SPYGLASS LANE, NAPLES, FL 34102 Vice President: Address: Secretary: \_\_MARK HILLESTAD Address: Treasurer: \_ MARK HILLESTAD Address:

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

(Signature of Chairman, vice Chairman, or any officer listed in number 12 of the application)

MARK HILLESTAD

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



## STATE OF COLORADO

DEPARTMENT OF STATE

#### **CERTIFICATE**



I, DONETTA DAVIDSON, SECRETARY OF STATE OF THE STATE OF
COLORADO HEREBY CERTIFY THAT ACCORDING TO THE RECORDS OF
THIS OFFICE,

KOEGLE SALES, INC. (COLORADO CORPORATION)

BECAME INCORPORATED UPON FILING ARTICLES OF INCORPORATION DATED January 09, 1991.

DATED: May 31, 2002

Donetta Davidson

SECRETARY OF STATE