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•			TRANSMIT	TAL LETTER			÷ ++
		ion Section of Corporations			400	007893 -09/20/02-1	504 2 31045003 *****70.00
	SUBJECT:	Mat	erial Hand	lling Systems,	Inc.	44444	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 		(Name of corpor	ation - must include suff	īx)		
	Dear Sir or Mada	m:					
	The enclosed "Ap" "Certificate of Exto transact business	cistence", and che	eign Corporation ock are submitted	for Authorization to Tra to register the above ref	nsact Bus erenced fo	iness in Florida? oreign corporatio	FILED 2:59
	Please return all	correspondence c	oncerning this ma	atter to the following:		7	
		W.	illiam A.	Smith			
			(Nam	e of Person)			728 50
		M	aterial Har	ndling Systems,	Inc.		_80
			(Firm	(Company)			y 0.
		2.	455 Critter	nden Drive			
			(A	ddress)			
		Lo	ouisville,	KY 40217			
			(City/St	ate and Zip code)			
	For further inform	mation concernin	g this matter, plea	se call:	1/04/02	01026026	3 **1150.00
	William S			637-3111			-
	(Name o	of Person)	(Aı	rea Code & Daytime Tel	ephone N	umber)	
	Registration Section of Corp 409 E. Gaines St Tallahassee, FL	ion orations	- 	MAILING ADDR Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3	on rations		
	Enclosed is a che	eck for the follow	ing amount:				
	S W HONE	GAVE TO	'5 Filing Fee & ificate of Status	☐ \$78.75 Filing Fee of Certified Copy	& 5	\$87.50 Filing Fee Certificate of St Certified Copy	
أنه مصدومة	locatos € s	ution to add- 2:54pm	of Kentuchu)		J. SAVAR	-2753 goor

J. BRYAN NOV - 4 200

DOC. EXAM



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

October 14, 2002

WILLIAM A. SMITH MATERIAL HANDLING SYSTEMS, INC. 2455 CRITTENDEN DRIVE LOUISVILLE, KY 40317

SUBJECT: MATERIAL HANDLING SYSTEMS, INC.

Ref. Number: W02000027509

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any further questions concerning your document, please call (850) 245-6043.

Joey Bryan Document Specialist Tax Liens

Letter Number: 002A00057202

Manager Programmes



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

September 23, 2002

WILLIAM A. SMITH MATERIAL HANDLING SYSTEMS, INC. 2455 CRITTENDEN DRIVE LOUISVILLE, KY 40317

SUBJECT: MATERIAL HANDLING SYSTEMS, INC.

Ref. Number: W02000027509

We have received your document for MATERIAL HANDLING SYSTEMS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business in this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted did not constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.



If you have any further questions concerning your document, please call (850) 245-6043.

Joey Bryan Document Specialist Tax Liens

Letter Number: 602A00053869



RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

	William A. Smith		•
I, the undersigned	·		, do hereby certify
	(Name)		
			. Q. W.
•			
that this Resolution of the Bo	ard of Directors of		1/0, 4
•	Material Handling	Systems, Inc.	ALCON .
	(Corporate Nam	e)	2,22
a corporation duly organized	•	· ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	¥ ' 67
			7
was duly adopted on			<u> </u>
	Material Handling S	lystems, Inc.	·
Be it resolved, that			
	. (C	orporate Name)	•
organized and existing in the	State of	, here	by adopts the name
MHS Company, I	nc. of Kentucky	· .	for use in Florida.
			2
October 9, 2002 Dated:		eri Tarakan	
	William I l	7 Sattle	
	Signature of either Chairman,	, Vice Chairman or any of	fficer
	William A. Sr	nith	
	Type or p	print name	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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. <u>Material Handli</u>	ng Systems, T	oc.					
(Name of corporation; must in words or abbreviations of like	import in language as wil	ll clearly indicate t	MPANY", hat it is a c	"CORPORATION" orporation instead o	or f a	1 B	
natural person or partnership i	f not so contained in the r	name at present.)				11 12	<u>,</u> ~
2. KY (State or country under the law		3. <u>61</u> -	-13503	69	·	1/10/	2
(State or country under the law	of which it is incorporate	ed)	(FEI	number, if applicab	le)	The state of the s	. <i>'</i>
4. July 30 (Date of incorporate), 1999	5	Per	petual			₂₀ 3
(Date of incorporate	tion)	(Duration	n: Year co	rp. will cease to exis	t or "pe	erpetual") S	090
6. (Date first transacted business	August 1,	2001				· · · · · · · · · · · · · · · · · · ·	20/2
(Date first transacted business	in Florida. If corporation (SEE SECTIONS 6				on qual	ification.")	2
7	2455 Crit	tenden Dr	ive I	ouisville,	KY	40217	
	(Principal of 2455 Crit	fice address) tenden Dr	ive I	ouisville,	KY	40217	,
	(Current mai	ling address)		VI		<u></u>	•
8 Subcontractor-I	and and and						
8 Subcontractor-1	nstarr rackage	s Sorting	Eduibi	nent			, -
(Purpose(s) of corporati	ion authorized in home st	ate or country to b	e carried o	nent ut in state of Florida)		, -
(Purpose(s) of corporate Name and street address	ion authorized in home st	ate or country to b	e carried o	ut in state of Florida		ble)	· -
(Purpose(s) of corporate 9. Name and street address	ion authorized in home st	ate or country to b	e carried o	ut in state of Florida		ble)	, -
(Purpose(s) of corporat 9. Name and street address Name:	ion authorized in home st of Florida registered	ate or country to b agent: (P.O. Bo	e carried o	ut in state of Florida		ble)	, -
(Purpose(s) of corporate 9. Name and street address Name: Max Office Address: 812	of Florida registered y Ann Hutchin 7 Setters Poi	ate or country to b agent: (P.O. Bo	e carried o	ut in state of Florida Drop Box <u>NOT</u> a		ble)	
(Purpose(s) of corporate 9. Name and street address Name: Max Office Address: 812	of Florida registered	ate or country to b agent: (P.O. Bo	e carried o	ut in state of Florida Drop Box <u>NOT</u> a		ble)	
(Purpose(s) of corporate 9. Name and street address Name: Max Office Address: 812	of Florida registered y Ann Hutchin 7 Setters Poi Port Richey (City) ptance: tered agent and to account, I hereby accept the action of all seconds.	ate or country to b agent: (P.O. Bo son nt Drive , Fl ept service of pre appointment as in tatutes relative to	e carried o	Drop Box NOT a 34653 Zip code) the above stated coagent and agree in our part and complete per and complete p	orpora	tion at the pi n this capaci	ity. I
(Purpose(s) of corporate 9. Name and street address Name: Max Office Address: 812 New 10. Registered agent's acce. Having been named as regist designated in this application further agree to comply with duties, and I am familiar with	of Florida registered y Ann Hutchin 7 Setters Poi Port Richey (City) ptance: tered agent and to accomply the provisions of all signs and accept the obligen.	ate or country to b agent: (P.O. Bo son nt Drive , Fl ept service of pre appointment as in tatutes relative to	e carried o	Drop Box NOT a 34653 Zip code) the above stated coagent and agree in our part and complete per and complete p	orpora	tion at the pi n this capaci	ity. I

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: ___ Address: ___ Vice Chairman: ___ Address: _ Director: Address: ___ Director: _ Address: _ B. OFFICERS President: Address: __ Vice President: William A. Smith Address: 11408 Easum Road Louisville, KY 40299 Arthur J. Henson Secretary: ___ 6300 Fible Lane Address: _____ Treasurer: Crestwood, KY 40014 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

William A. Smith, Vice President
(Typed or printed name and capacity of person signing application)

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



John Y. Brown III Secretary of State

Certificate of Existence

I, John Y. Brown III, Secretary of State of the Commonwealth of Kentuck Good do hereby certify that according to the records in the Office of the Secretary of State,

MATERIAL HANDLING SYSTEMS, INC.

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is July 30, 1999 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 8th day of August, 2002.

JOHN Y. BROWN III Secretary of State Commonwealth of Kentucky BWeber/0477985