# F0300000/225

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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₩ <sup>™</sup> ( <sup>™</sup> ≱	ACCOUNT FILING COVER SHEET
	ACCOUNT NUMBER: FCA00000005 REFERENCE: 9608212-1 (Sub Account) 3/12 DATE:
	TELEPHONE: () () oxt () CONTACT NAME: Oxt () CORPORATION NAME: The Lietz Company, Trc.
	DOCUMENT NUMBER: (ir applicable) AUTHORIZATION: <u>Conthins 1. Woodyard</u> 70.00 2.15
	CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) PLATH STAMPED COPY
	( ) Call When Ready ( ) Call if Problem ( ) After 4: ( ) Walk In ( ) Will Wait ( ) Pick Up ( ) Wail Out

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## 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. The Lietz Company, Inc.	<u> </u>				
(Name of corporation; must include the word "INCORPOR words or abbreviations of like import in language as will cle natural person or partnership if not so contained in the name	early indicate that it is a corporation instead of $\frac{1}{2}$				
2. Kansas	3				
(State or country under the law of which it is incorporated)	(FEI number, if applicable)				
4. 02/21/2003	5. Perpetual				
(Date of incorporation)	(Duration: Year corp. will cease to exist or "persetual")				
6. Upon Qualification					
	not transacted business in Florida, insert "upon qualification.") 501, 607.1502 and 817.155, F.S.)				
(SEE SECTIONS 607.1	501, 007.1502 and 817.155, F.S.J				
7. 16950 W. 118th Terrace, Olathe, Kansas 6	56061				
(Principal office	address)				
Same as above					
(Current mailing address)					
8 Promotion marketing and sale of equipment	nt used in surveying, mapping.				
(Purpose(s) of corporation authorized in home state of	or country to be carried out in state of Florida)				
9. Name and street address of Florida registered age	nt: (P.O. Box or Mail Drop Box <u>NOT</u> acceptable)				
Name: LexisNexis Document Solution	s Inc.				
Office Address: <u>3953 W. W. Kelley Road</u>					
Tallahassee	, Florida <u></u>				
(City)	(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.

LexisNexis Document Solutions Inc.

Terry L. Ford (Registered agent's signature)

Assistant Secretary

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.

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A. DIRE	CCTORS	
Chairman:		
Address: _		
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Vice Chain	rman:	
-	in the part of the	-
-	F.C. P.C.	•
		۶,
Address:		<u>.</u> -
-		
Director:		:=.
Address:		
		;
B. OFFI		
	Michael S. Adkins	
	16950 W. 118th Terrace, Olathe Kansas 66061	÷
Address:		
		-2/
Vice Presi	dent:	÷.
Address:		
		_
Secretary:	Kenneth R. Kost	÷č
Address:	16950 W. 118th Terrace, Olathe, Kansas 66061	
Treasurer:	Kenneth R. Kost	
		·;
Address:		
NOT <u>E:</u> ]	If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
13		
1.5	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14	Secretary / Treasurer	
	(Typed or printed name and capacity of person signing application)	

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

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# STATE OF KANSAS

OFFICE OF SECRETARY OF STATE

