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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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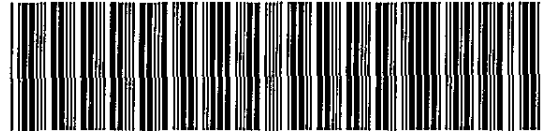
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CT CORPORATION

July 25, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

03 JUL 25 PM 1:59
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 5899311 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Multi-Shifter, Inc. (NC)
Qualification
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**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. MULTI-SHIFTER, 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. NORTH CAROLINA 3. 56-1380664
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12-30-83 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. 11110 PACK CHARLOTTE BLVD CHARLOTTE, NC 28273
(Principal office address)
P.O. BOX 38310 CHARLOTTE, NC 28278
(Current mailing address)

8. FLORIDA CUSTOMER SERVICE FOR BATTERY HANDLING EQUIP. MANUFACTURER
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) LOCATED IN N.C.

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road,

Plantation, , Florida 33324
(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.

C T Corporation System

By: Dale H. Morris DALE W MORRIS
(Registered agent's signature) ASSISTANT VICE PRESIDENT

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: JOHN R. PRATT
Address: 11110 PARK CHARLOTTE BLVD
CHARLOTTE, NC 28273
Vice Chairman: DONALD S. PRATT
Address: 4911 SENTINEL POST RD.
CHARLOTTE, NC 28226
Director: GABRELLA PRATT
Address: 4911 SENTINEL POST RD.
CHARLOTTE, NC 28226
Director: ELLIOTT PRATT
Address: 11110 PARK CHARLOTTE BLVD.
CHARLOTTE, NC 28273

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B. OFFICERS

President: _____
Address: _____
Vice President: _____
Address: _____
Secretary: _____
Address: _____
Treasurer: _____
Address: _____

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

13. John R. Pratt
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. JOHN R. PRATT CHAIRMAN
(Typed or printed name and capacity of person signing application)



**State of North Carolina
Department of The Secretary of State**

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

MULTI-SHIFTER, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 19th day of August, 1983, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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STATE
TALLAHASSEE, FLORIDA



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 23rd day of July, 2003

Elaine F. Marshall
Secretary of State