F03000005702

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	· · ·
PICK-UP WAIT N	<i>f</i> IAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
operation and a ming of moon,	
All a committee	
Sign Mail Fr	j
The second section of the section of th	
Office Use Only	
Office Use Only	



300022303473

09/08/03--01055--009 **70.00

Cark

TRANSMITTAL LETTER

	ion Section of Corporations
SUBJECT:	Auburn/Versa-Hoe Industrial Services, Inc.
JOBNECK	(Name of corporation - must include suffix)
Dear Sir or Mada	m:
	oplication by Foreign Corporation for Authorization to Transact Business in Florida", istence", and check are submitted to register the above referenced foreign corporation as in Florida.
Please return all	correspondence concerning this matter to the following:
Neil L. Smith	
	(Name of Person)
Aubum/Vers	a-Hoe Industrial Services, Inc.
	(Firm/Company)
P.O. Box 14	359
	(Address)
Cincinnati, C	hio, 45250
	(City/State and Zip code)
For further inform	nation concerning this matter, please call:
Ed Florjancic	Controller 905 335-1136 ext.232
(Name o	Person) (Area Code & Daytime Telephone Number)
STREET ADDR Registration Secti Division of Corpo 409 E. Gaines St. Tallahassee, FL	on Registration Section bivision of Corporations P.O. Box 6327
Enclosed is a che	k for the following amount:
\$70.00 Filing	Fee S \$78.75 Filing Fee & S \$78.75 Filing Fee & S \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy



September 10, 2003

NEIL L. SMITH AUBURN/VERSA-HOE INDUSTRIAL SERVICES, IN P.O. BOX 14359 CINCINNATI, OH 45250

SUBJECT: AUBURN/VERSA-HOE INDUSTRIAL SERVICES, INC.

Ref. Number: W03000025797

We have received your document for AUBURN/VERSA-HOE INDUSTRIAL SERVICES, 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:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Document Specialist

Letter Number: 703A00050251

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.

4.	/ersa-Hoe Indutrial Services, Inc.		· · · · · · · · · · · · · · · · · · ·	
words or abbr	poration; must include the word "INCORPORATE eviations of like import in language as will clearly or parmership if not so contained in the name at	indicate that it is a corporation instead of a		
2. State of D	elaware 3.	34-1407394		
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)		
February 1, 2003 Perpetual			. + 1	
Œ	ate of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual")	
6. upon qu	alifiaction			
(Date first tran	sacted business in Florida. If corporation has not (SEE SECTIONS 607.1501)	transacted business in Florida, insert "upon o , 607.1502 and 817.155, F.S.)	jualification,")	
7. P.O. Bo	x 14359, Cincinnati, Ohio, 45250	<u></u>	C	
	(Principal office addr	ress)	<u> </u>	
same as	above		語言	-77
	(Current mailing addr	ess)	(1)	
0,	anangement		TES R	LED
(Ршроѕ	e(s) of corporation authorized in home state or cor	untry to be carried out in state of Florida)	် 🚆 ထု	
9. Name and <u>s</u>	treet address of Florida registered agent:	(P.O. Box or Mail Drop Box <u>NOT</u> accep	otable) 3	
Name:	SKATKA KEKAKA KARINERA KARINER	CPA THOMAS A. SMITH, CPA		
Office Address:	96 N.E. Fourth Avenue	·		
	Delray Beach, Florida	, Florida33483		
	(City)	(Zip code)		_
Having been na designated in th further agree to	agent's acceptance: med as registered agent and to accept servic is application, I hereby accept the appointm comply with the provisions of all statutes re familiar with and accept the obligations of	ent as registered agent and agree to accletive to the proper and complete perfo	t in this capac	ity. I

(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:

Chairman: Neil L. Smith P.O. Box 14359, Cincinnati, Ohio, 45250 Vice Chairman: Address: Director: W.G. Neil Smith P.O. Box 14359, Cincinnati, Ohio, 45250 Director: Address: Director: W.G. Neil Smith P.O. Box 14359, Cincinnati, Ohio, 45250 W.G. Neil Smith P.O. Box 14359, Cincinnati, Ohio, 45250 W.G. Neil Smith P.O. Box 14359, Cincinnati, Ohio, 45250		ECTORS Neil Smith
Address: Director: Address: Director: Address: Director: M.G. Neil Smith P.O. Box 14359, Cincinnati, Ohio, 45250 Director: Address: W.G. Neil Smith P.O. Box 14359, Cincinnati, Ohio, 45250 Vice President: Director: Director: Address: Director: Director: Direct		
W.G. Neil Smith P.O. Box 14359, Cincinnati, Ohio, 45250 Director: Address: W.G. Neil Smith P.O. Box 14359, Cincinnati, Ohio, 45250 W.G. Neil Smith P.O. Box 14359, Cincinnati, Ohio, 45250	/ice Chai	irman:
Address: P.O. Box 14359, Cincinnati, Ohio, 45250 Director: Address: S. OFFICERS President: W.G. Neil Smith P.O. Box 14359, Cincinnati, Ohio, 45250 Director: S. OFFICERS President: P.O. Box 14359, Cincinnati, Ohio, 45250	\ddress:	
Director: Address: B. OFFICERS President: P.O. Box 14359, Cincinnati, Ohio, 45250 Fice President:) Director:	W.G. Neil Smith
Address: B. OFFICERS President: P.O. Box 14359, Cincinnati, Ohio, 45250 Vice President:		
Address: B. OFFICERS President: P.O. Box 14359, Cincinnati, Ohio, 45250 Vice President:	oirector:	
B. OFFICERS President: W.G. Neil Smith P.O. Box 14359, Cincinnati, Ohio, 45250 Vice President:	kddress:	
Address: P.O. Box 14359, Cincinnati, Ohio, 45250		ICERS STORE
_		
.ddress;	ice Presi	ident:
	.ddress: .	
ccrctary: Neil L. Smith	ccrctary:	Neil L. Smith
ddress: P.O. Box 14359, Cincinnati, Ohio, 45250	ddress:	P.O. Box 14359, Cincinnati, Ohio, 45250
reasurer:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	NOTE:	/// / M
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Chairman, Secretary (Timed as writted name and saperity of person signing application)	C	hairman, Secretary

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AUBURN/VERSA-HOE INDUSTRIAL SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2003.

OS NOVILLA WAR BE OUT



Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2711227

DBMD. 10 OF 00

2003121 8300

.....