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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

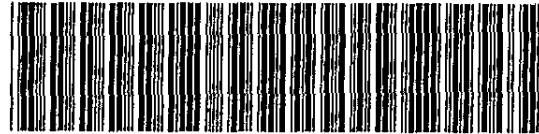
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Carlyle Van Lines, 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:

John Shupe  
(Name of Person)

Carlyle Van Lines, Inc.  
(Firm/Company)

P.O. Box 47  
(Address)

Warrensburg, MO. 64093  
(City/State and Zip code)

For further information concerning this matter, please call:

John Shupe at ( 660 ) 747-8128  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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 TALLAHASSEE, FLORIDA  
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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. Carlyle Van Lines, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Missouri 3. 43-1216832 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 15 January, 1981 5. Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. None (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 801 West Young Warrensburg, Missouri 64093 (Principal office address) Same (Current mailing address)

8. Household Goods Mover (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Craig Lesky

Office Address: 3009 NW 25th Ave.

Pompano Beach, Florida 33069 (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, 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.

Craig Lesky (Registered agent's signature)

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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: Roy H. Carlyle

Address: 600 Darrow

Warrensburg, MO. 64093

Vice President: Bill F. Carlyle Jr.

Address: 249 SW 21

Warrensburg, MO. 64093

Secretary: Terry Jean Fockler

Address: 645 NW 100 Centerview, MO 64019

Treasurer: Same

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Roy Carlyle President

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

System: 11/10/2004 10:45:06 AM  
User Date: 11/10/2004

CLYL ACCRUAL COMPANY  
EMPLOYEE ADDRESS LIST  
Payroll

Page: 1  
User ID: LINDA

Ranges:  
Employee ID: 0119 - 0119  
Employee Name: First - Last  
Employee Class: First - Last  
Department: First - Last

Sorted By: Employee ID

\*=Inactive

Employee ID	Name	Social Security Number
* 0119	CARLYLE, LARRY DALE	492-74-5869
Address ID:	PRIMARY	Phone 1: (660) 747-8861 Ext. 0000
Address:	518 WEST CLARK	Phone 2: (000) 000-0000 Ext. 0000
		Fax: (000) 000-0000 Ext. 0000
City:	WARRENSBURG	
State:	MO	
ZIP Code:	64093	
County:		
Country:	UNITED STATES	

Total Employees: 1

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TALLAHASSEE, FLORIDA

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User Date: 11/10/2004

CLYL ACCRUAL COMPANY  
EMPLOYEE ADDRESS LIST  
Payroll

Page: 1  
User ID: LINDA

Ranges:  
Employee ID: 0650 - 0650  
Employee Name: First - Last  
Employee Class: First - Last  
Department: First - Last

Sorted By: Employee ID

\*=Inactive

Employee ID	Name	Social Security Number
0650	MAINARD, NANCY J	499-62-0413
Address ID:	PRIMARY	Phone 1: (816) 566-2325 Ext. 0000
Address:	1463 NW HWY 50 W	Phone 2: (000) 000-0000 Ext. 0000
		Fax: (000) 000-0000 Ext. 0000
City:	HOLDEN	
State:	MO	
ZIP Code:	64040	
County:		
Country:	US	

Total Employees: 1

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TALLAHASSEE, FLORIDA

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User Date: 11/10/2004

CLYL ACCRUAL COMPANY  
EMPLOYEE ADDRESS LIST  
Payroll

Page: 1  
User ID: LINDA

Ranges:  
Employee ID: 0513 - 0513  
Employee Name: First - Last  
Employee Class: First - Last  
Department: First - Last

Sorted By: Employee ID

\*=Inactive

Employee ID	Name	Social Security Number
0513	GALLAGHER, SUSAN C	492-74-5881
Address ID:	PRIMARY	Phone 1: (816) 747-5792 Ext. 0000
Address:	P.O. BOX 822	Phone 2: (000) 000-0000 Ext. 0000
		Fax: (000) 000-0000 Ext. 0000
City:	WARRENSBURG	
State:	MO	
ZIP Code:	64093	
County:		
Country:	UNITED STATES	

Total Employees: 1

System: 11/10/2004 10:40:33 AM  
User Date: 11/10/2004

CLYL ACCRUAL COMPANY  
EMPLOYEE ADDRESS LIST  
Payroll

Page: 1  
User ID: LINDA

Ranges:  
Employee ID: 0005 - 0005  
Employee Name: First - Last  
Employee Class: First - Last  
Department: First - Last

Sorted By: Employee ID

\*=Inactive

Employee ID	Name	Social Security Number
0005	CARLYLE, BILL FRANKLIN	491-72-2223
Address ID:	PRIMARY	Phone 1: (816) 747-7856 Ext. 0000
Address:	249 SW 21	Phone 2: (000) 000-0000 Ext. 0000
		Fax: (000) 000-0000 Ext. 0000
City:	WARRENSBURG	
State:	MO	
ZIP Code:	64093	
County:		
Country:	UNITED STATES	

Total Employees: 1

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CLYL ACCRUAL COMPANY  
EMPLOYEE ADDRESS LIST  
Payroll

Page: 1  
User ID: LINDA

Ranges:  
Employee ID: 0004 - 0004  
Employee Name: First - Last  
Employee Class: First - Last  
Department: First - Last

Sorted By: Employee ID

\*=Inactive

Employee ID	Name	Social Security Number
0004	CARLYLE, ROY HOWARD	491-72-0941
Address ID:	PRIMARY	Phone 1: (816) 747-5878 Ext. 7850
Address:	600 DARROW	Phone 2: (000) 000-0000 Ext. 0000
		Fax: (000) 000-0000 Ext. 0000
City:	WARRENSBURG	
State:	MO	
ZIP Code:	64093	
County:		
Country:	UNITED STATES	

Total Employees: 1

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# STATE OF MISSOURI



Matt Blunt  
Secretary of State

CORPORATION DIVISION  
CERTIFICATE OF GOOD STANDING

I, MATT BLUNT, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

CARLYLE VAN LINES, INC.  
00227319

was created under the laws of this State on the 15th day of January, 1981, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 3rd day of December, 2004

*Matt Blunt*

Secretary of State

