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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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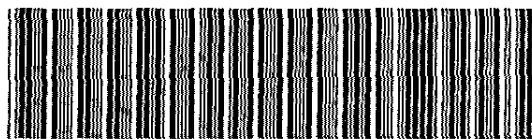
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CINCINNATI ENGINE & PARTS CO., 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:

WALTER LESBIREL
(Name of Person)

3 HITCHING POST CIRCLE
(Firm/Company)

TEQUESTA, FL 33469
(Address)

TEQUESTA, FL 33469
(City/State and Zip code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

WALTER LESBIREL at (561) 373-6224 (cell)
(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

**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. CINCINNATI ENGINE & PARTS CO., INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. KENTUCKY 3. 31-0616716
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JANUARY 20, 1948 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1 TWIN HILLS RIDGE DRIVE, CINCINNATI, OH 452
(Principal office address)

SAME
(Current mailing address)

8. BUY, OWN, SELL OR OTHERWISE ACQUIRE OR DISPOSE OF ALL PROPERTY, REAL OR PERSONAL
(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: WALTER LESBIER

Office Address: 3 HITCHING POST CIRCLE

TEQUESTA, Florida 33469
(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.

Walter Lesbiere
(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:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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A. DIRECTORS

Chairman: DOUGLAS ELSLAGER

Address: 1 TWIN HILLS RIDGE DRIVE
CINCINNATI OHIO 45228

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: DOUGLAS ELSLAGER

Address: 1 TWIN HILLS RIDGE DRIVE
CINCINNATI OHIO 45228

Vice President: JAYNE ELSLAGER

Address: 1 TWIN HILLS RIDGE DRIVE
CINCINNATI OHIO 45228

Secretary: VICKIE SYMMES

Address: 1 TWIN HILLS RIDGE DR. CINCINNATI OH 45228

Treasurer: DOUGLAS ELSLAGER

Address: _____

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

13. Walter Lesbirel
(Signature of Director or Officer listed in number 12 of the application)

14. WALTER LESBIREL ASSISTANT SECRETARY
(Typed or printed name and capacity of person signing application)

Addendum:

Cincinnati Engine & Parts Co., Inc.

Officers:

Assistant Secretary:

Walter Lesbirel

3 Hitching Post Circle, Tequesta, Florida 33469

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Commonwealth of Kentucky
Trey Grayson
Secretary of State

Certificate of Existence

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

CINCINNATI ENGINE & PARTS CO.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is January 20, 1948 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 24th day of March, 2005.

Certificate Number: 12366

Jurisdiction: Cincinnati Engine & Parts Co.

Visit <http://www.sos.ky.gov/obob/certvaldate.aspx> to validate the authenticity of this certificate.




Trey Grayson
Secretary of State
Commonwealth of Kentucky
12366/0009385