

F05000003932

2005 JUL -5 P 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

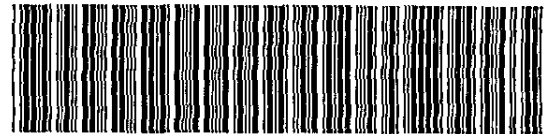
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TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2005 JUL -5 P 2:41

SUBJECT: Rubrail Tool, Inc.
(Name of corporation - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

CHARLES F. CYCHOLL

(Name of Person)

RUBRAIL TOOL, INC.

(Firm/Company)

3680 W. KING ST.

(Address)

COCOA, FL. 32926

(City/State and Zip code)

For further information concerning this matter, please call:

CHARLIE CYCHOLL

(Name of Person)

at (321) 636-6994

(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.

FILED

1. RUBRAIL TOOL, INC. 2005 JUL -5 P 2:41
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. ILLINOIS 3. 37-1405272
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/22/00 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. WE HAVE NOT STARTED DOING BUSINESS YET, TRYING TO ESTABLISH
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3680 W. KING ST. COCONA, FL. 32926
(Principal office address)
3680 W. KING ST. COCONA, FL. 32926
(Current mailing address)

8. DEVELOPE, MANUFACTURE, DISTRIBUTE TOOL FOR MARIN INDUST
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

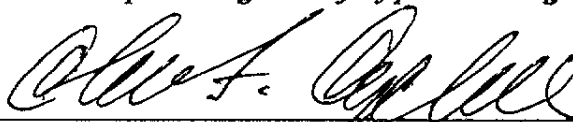
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CHARLES F. CYRILL

Office Address: 3680 W. KING ST.
COCONA, FL. , Florida 32926
(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.



(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:

A. DIRECTORS

Chairman: CHARLES F. CYCHOLL
Address: 3680 W. KING ST.
COCONA, FL. 32926

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2005 JUL -5 P 2:42

Vice Chairman: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Director: BARBARA A. CYCHOLL
Address: 3680 W. KING ST.
COCONA, FL. 32926

Director: _____

Address: _____

B. OFFICERS

President: CHARLES F. CYCHOLL
Address: 3680 W. KING ST.
COCONA, FL. 32926

Vice President: _____

Address: _____

Secretary: BARBARA A. CYCHOLL
Address: 3680 W. KING ST. COCONA, FL. 32926

Treasurer: _____

Address: _____

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. CHARLES F. CYCHOLL, PRES.

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

