

114

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L. F. WOLF CONTRACTING, 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:

LEAH HARN

(Name of Person)

CHECK MATE

(Firm/Company)

4411 BEE RIDGE ROAD #257

(Address)

SARASOTA, FL 34233

(City/State and Zip code)

For further information concerning this matter, please call:

LEAH HARN

(Name of Person)

at (841) 922-2801

(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. L. F. WOLF CONTRACTING, 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. OHIO

(State or country under the law of which it is incorporated)

3. 34-1800569

(FBI number, if applicable)

4. APRIL 11, 1995

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

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

7. 8178 YOUNGSTOWN-HUBBARD ROAD HUBBARD, OH 44425

(Principal office address)

SAME AS ABOVE

(Current mailing address)

8. ANY AND ALL LAWFUL BUSINESS

(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: CHECK MATE CREDIT & INFORMATION

Office Address: 4411 BEE RIDGE RD #257

SARASOTA

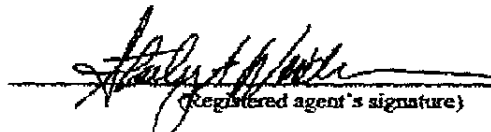
(City)

Florida 34233

(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:

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06 JAN 20 PM 2:33
STATE OF FLORIDA

Jan 20 06 12:22p Check Mate

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p.4

Jan 18 08 11:50a Check Mate

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JAN 20 PM 2:33
P.E.
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: LARRY WOLF

Address: 7814 JOHN WHITE ROAD

HUBBARD, OH 44425

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may add additional information to the application listing additional officers and/or directors.

X3. _____
(Signature of Director or Officer listed in number 12 of this application)

14. LARRY WOLF, PRESIDENT
(Type or printed name and capacity of person signing application)

Jan. 20 2006 11:19PM P2

FAX NO. :

FROM : L.F. WOLF CONTRACTING

Jan 20 06 12:22p

Check Mate

841 894.0413

p.5

JAN-20-2006 11:48 FROM:

FILED
06 JAN 20 PM 2:33
TO: 13325344199
P: 2/2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**United States of America
State of Ohio
Office of the Secretary of State**

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show L.F. WOLF CONTRACTING, INC., an Ohio corporation, Charter No. 901060, having its principal location in Hubbard, County of Trumbull, was incorporated on April 11, 1995 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 16th day of January, A.D. 2006*

J. Kenneth Blackwell

Ohio Secretary of State

Validation Number: V200628JAF975

Jan. 20 2006 11:15AM PJ

FROM NO. :

FROM: L.F. WOLF CONTRACTING