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TALLAHASSEE, FLORIDA

T. Burch FEB 28 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seequip, Inc. dba Southeastern Equipment Company

(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:

Charlotte Fowler

(Name of Person)

Seequip, Inc. dba Southeastern Equipment Company

(Firm/Company)

5540-1 Highway Avenue

(Address)

Jacksonville FL 32254

(City/State and Zip code)

For further information concerning this matter, please call:

Charlotte Fowler

(Name of Person)

at (770) 271-8286

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2006

CHARLOTTE FOWLER
5540-1 HWY AVE
JACKSONVILLE, FL 32254

SUBJECT: SEEQUIP, INC. DBA SOUTHEASTERN EQUIPMENT COMPANY
Ref. Number: W06000001284

We have received your document for SEEQUIP, INC. DBA SOUTHEASTERN EQUIPMENT COMPANY. However, the document has not been filed and is being returned for the following:

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist

Letter Number: 306A00002046

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.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

1. Seequip, 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. Georgia 3. 58-2011045
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 1993 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 5115 Bristol Industrial Way Buford GA 30518
(Principal office address)
5115 Bristol Industrial Way Buford GA 30518
(Current mailing address)

8. Retail the sale of wood chipper, stump grinders, bucket truck, log trucks
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

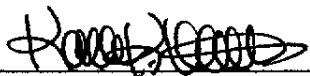
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Karen Ward

Office Address: 1241 Airport Road Suite H
Destin, Florida 32541
(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.

X 
(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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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Don Fowler

Address: 5115 Bristol Industrial Way Buford GA 30518

Vice President: _____

Address: _____

Secretary: Charlotte Fowler

Address: 5115 Bristol Industrial Way Buford GA 30518

Treasurer: Charlotte Fowler

Address: 5115 Bristol Industrial Way Buford GA 30518

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. DON FOWLER-PRESIDENT

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

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : K216428
DATE INC/AUTH/FILED: 07/16/1992
JURISDICTION : GEORGIA
PRINT DATE : 01/04/2006
FORM NUMBER : 211

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE LAW OFFICE OF KAREN POWELL WARD
KAREN POWELL WARD
1241 AIRPORT ROAD, SUITE H
DESTIN, FL 32541

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

SEEQUIP, INC.
A GEORGIA PROFIT CORPORATION
is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20060104172919421



Cathy Cox

Cathy Cox
Secretary of State