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| r (Requestor's Name)                    |
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| (Address)                               |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## COVER LETTER

| TO: New Filing Section Division of Corporations  |
|--|
| SUBJECT: A.E. Schlueter Pipe Organ Sales And Service, 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:  |
| Please return all correspondence concerning this matter to the following:  Arthur E. Schlueter  (Name of Person)   |
| (Name of Person)  A F. Schluster Pine Organ Sales And Service Inc.   |
| A.E. Schlueter Fipe Organ Sales And Service, Inc.  |
| (Firm/Company)   |
| 225 N. Florida Ave.  |
| (Address)  Lakeland, FL 33801  |
| (City/State and Zip code)  |
| For further information concerning this matter, please call:   |
| Michael A. Johnson at ( 863 ) 688-0741   |
| (Name of Person) (Area Code & Daytime Telephone Number)  |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314      |
| Enclosed is a check for the following amount:  |
| \$70.00 Filing Fee \$\bigcup \\$78.75 Filing Fee & \bigcup \\$78.75 Filing Fee & \bigcup \\$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.

| (If name unavai | lable in Florida, enter alternate corporate name | adopted for the purpose of transacting business in Flor                         | rida)           |
|-----------------|--|---|-----------------|
| Georgia         | 3.   | 58-1383419  |                 |
|                 | under the law of which it is incorporated)       | (FEI number, if applicable)   |                 |
| 10/17/19        | 79 <sub>5.</sub>                                 | Perpetual   |                 |
| (Date           | e of incorporation)                              | (Duration: Year corp. will cease to exist or "perpetu                           | al")            |
|                 |  |   |                 |
|                 |  | n Florida, if prior to registration) 502, F.S., to determine penalty liability) | 26.4            |
| 225 N. FI       | orida Ave., Lakeland, FL 3                       | 33801   | S JUNE OF STATE |
|                 | (Principal office add                            | ress)   | 325             |
| P.O. Box        | 1397, Lakeland, FL 3380                          | 2   | HC.             |
|                 | (Current mailing add                             | ress)   | <u> </u>        |
| <u></u>         | an Sales & Service                               |   | 哥哥              |
| (Purpose(       | s) of corporation authorized in home state or co | ountry to be carried out in state of Florida)                                   |                 |
| Name and stre   | et address of Florida registered agent: (P.C     | D. Box NOT acceptable)  |                 |
| Name:           | Michael A. Johnson, Esc                          | quire   |                 |
| ffice Address:  | 225 N. Florida Ave.                              |   | * 6-            |
|                 | Lakeland   | , Florida 33801   |                 |
|                 | (City)   | (Zip code)  | ± '             |

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:   |
| Address:  |
|   |
| Vice Chairman:  |
| Address:  |
| <u> </u>  |
| Director:   |
| Address:  |
| Fo P  |
| Director:   |
| Address:  |
|   |
| B. OFFICERS  President: Arthur E. Schlueter   |
| <del></del>   |
| Address: 2843 S. Stn. Mtn. Lithonia Rd. Lithonia, Georgia 30058   |
|   |
| Vice President:   |
| Address:  |
| Secretary: Arthur Schlueter III   |
| Address: 2843 S. Stn. Mtn. Lithonia Rd., Lithonia, GA 30058   |
| Treasurer: Arthur E. Schlueter  |
| Address: 2843 S. Stn. Mtn. Lithonia Rd., Lithonia, GA 30058   |
|   |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.         |
| 13. Arthur E. Schluster  (Simplyon of Director on Officer Virtual in symbol 12 of the application)                      |
| (Signature of Director or Officer listed in number 12 of the application)  14. Arthur E. Schlueter, President/Treasurer |

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

Control No. H910705

## STATE OF GEORGIA

## Secretary of State

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

## CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

### A. E. SCHLUETER PIPE ORGAN SALES AND SERVICE, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 10/17/1979 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated 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 date issued. 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 certificate is issued pursuant to 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 30th day of May, 2006

Cathy Cox Secretary of State

Certification Number: 80017-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp