

F06000004112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2006 JUN 13 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JUN 13 2006

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: WHELANS 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:

Ron Lierz

(Name of Person)

Whelans Inc

(Firm/Company)

PO Box 1340

(Address)

Topeka, Ks 66601

(City/State and Zip code)

For further information concerning this matter, please call:

Ron Lierz

(Name of Person)

at (785-) 357-0321

(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 ☐ \$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

June 2, 2006

RON LIERZ
PO BOX 1340
TOPEKA, KS 66601

SUBJECT: WHELANS INC
Ref. Number: W06000025187

We have received your document for WHELANS INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tim Burch
Document Specialist

Letter Number: 306A00038329

**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. Whelans Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Tech Build Co Inc
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Kansas 3. 48-0500491
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/19/1945 5. Perpetual
(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. 715 E 4th, Topeka, Ks 66607
(Principal office address)
- PO Box 1340, Topeka, Ks 66601
(Current mailing address)
8. construction
(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: Orlando Cortes
- Office Address: 67 Andros Rd
Palm Springs, Florida 33461
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Ward B Whelan

Address: 6144 SW 38th

Topeka, Ks 66610

Vice President: Norman E Daniels

Address: 798 N 1851 Rd

Lecompton, Ks 66050

Secretary: Deborah L Whelan

Address: 6144 SW 38th, Topeka, Ks 66610

Treasurer: Deborah L Whelan

Address: 6144 SW 38th, Topeka, Ks 66610

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

13. Ward B Whelan

(Signature of Director or Officer listed in number 12 of the application)

14. Ward B Whelan, President

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

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
RON THORNBURGH**

To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas,
do hereby certify that, according to the records of this office,

WHELANS, INC.

KANSAS FOR PROFIT CORPORATION

Business Entity ID Number: 0081026

was filed in this office on December 19, 1945 and has complied with the
applicable provisions of the laws of the State of Kansas and on this date is in
good standing and authorized to transact business or to conduct its affairs
within this state.

Dated: 05/19/2006

For Validation:

Certificate ID: **47899**

To validate this certificate, visit the following
web site, enter this certificate ID, then follow
the instructions displayed.

<https://www.accesskansas.org/businessentity/validate.html>



Signed:

RON THORNBURGH
SECRETARY OF STATE

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TALLAHASSEE, FLORIDA