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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

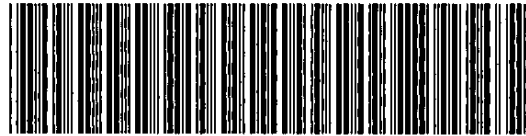
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. Shivers SEP 07 2006

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Utilimap Corporation
(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:

Crystal Ray
(Name of Person)
Utilimap Corporation
(Firm/Company)
PO Box 429
(Address)
Sullivan MO 63080
(City/State and Zip code)

For further information concerning this matter, please call:

Crystal Ray at (573) 860-5634
(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

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TALLAHASSEE, FLORIDA

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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. Utilimap Corporation
(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. Missouri 3. 43-1939873
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9-24-2001 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. 1053 Headquarters Park Fenton MO 63026
(Principal office address)
P.O. Box 429 Sullivan MO 63080
(Current mailing address)

8. _____
(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: NRAI Services, Inc.

Office Address: 2731 Executive Park Dr Suite 4
Weston, Florida 33331
(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.

NRAI Services, Inc.

By: Amy Purdy 9/5/01

(Registered agent's signature)
Amy Purdy, Assistant Secretary

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.

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TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Wendell C. Eirvin

Address: 1053 Headquarters Park
Fenton MO 63026

Vice Chairman: Grant A. Medlin

Address: 821 E Springfield Rd Sullivan MO 63080

Director: Kent Cudney

Address: 821 E Springfield Rd Sullivan MO 63080

Director: _____

Address: _____

B. OFFICERS

President: Wendell C. Eirvin

Address: 1053 Headquarters Park
Fenton MO 63026

Vice President: Grant A. Medlin

Address: 821 E Springfield Rd
Sullivan MO 63080

Secretary: Kent Cudney

Address: 821 E Springfield Rd Sullivan MO 63080

Treasurer: Kent Cudney

Address: 821 E Springfield Rd Sullivan MO 63080

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

13. Kent Cudney
(Signature of Director or Officer listed in number 12 of the application)

14. Kent Cudney
(Typed or printed name and capacity of person signing application)



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CERTIFICATE OF CORPORATE RECORDS

UTILIMAP CORPORATION

I, ROBIN CARNAHAN, Secretary of the State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of the original documents on file and of record in this office for which certification has been requested.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 5th day of September, 2006

Robin Carnahan

Secretary of State

