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DEFANTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED 07 APR 19 MH 9: 05

ECNETARY OF STATE LAHASSEE, FLORID 07 APR 19 AM 9: 15

OTAPRIO AM 9: 15 COVER LETTER 4 TO: **New Filing Section Division of Corporations** COLLINS BUS CORPORATION **SUBJECT:** (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: JAN BOWMAN (Name of Person) COLLINS BUS CORPORATION (Firm/Company) 415 West 6th Street (Address) South Hutchinson, KS 67505 (City/State and Zip code) For further information concerning this matter, please call: at (620) 662-9000 Ext 432 <u>Jan Bowman</u> (Name of Person) (Area Code & Daytime Telephone Number) STREET/COURIER ADDRESS: **MAILING ADDRESS: New Filing Section** New Filing Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount: \$70.00 Filing Fee X \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy 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. <u></u>	COLLINS							
	corporation; must include		RATED,"	"COMPAN	ΙΥ," "(CORPORATIO	N,"	
"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Co	э гр .")						
(IF	.1.1 '. T1. '1 1.			i . 10 .	1	<u> </u>		<u> </u>
(11 name unavali	able in Florida, enter alte	mate corporat	te name a	dopted for ti	ne purp	ose of transacti	ing business in i	'lorida)
	KANSAS		3.	48-10	1508	6		
(State or country	KANSAS under the law of which i	t is incorporate	ed)		(FEI	number, if app	plicable)	
Fehruary	13, 1986		5	Perne	tual			
(Date	of incorporation)		<i>J</i>	(Duration:	Year co	m will cease t	o exist or "perp	etual")
(=	, or			(2440	100.00	ap. wiii oodso t	o onior or perp	, , , , , , , , , , , , , , , , , , ,
•								
		transacted bu						
	(SEE SECTION	4S 607.1501 &	& 607.15C	12, F.S., to d	etermin	e penalty liabil	lity)	
415 WES	T 6th STREET	SOUTH	HUTCH	INSON,	KS	67505		
	· · · · · · · · · · · · · · · · · · ·	(Principal off	fice addre	ess)		· · ·		
415 WES	T 6th STREET	SOUTH	нитсн	INSON,	KS.	67505		
		(Current mail				-		
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M 5								
Manufac (Purpose(s	turer) of corporation authoriz	ed in home sta	ate or cou	ntry to be or	rried o	ut in state of El	orida)	
(1 drpose(s	y or corporation authoriz	ed in nome sta	ate or cou	nuy to oc ca	HIICU O	ut in state of re	orida) ∌ഗ	
Name and stree	t address of Florida re	gistered agen	t: (P.O.	Box NOT	_accept	able))7
		_	•		•	ŕ	AE	APR 19
Name:	Robert Mei	xner					AAA	
.ee A JJ	2737 N For	outh Pon	v d					
ffice Address:	Z/J/ N FOL	syth Koa	<u> </u>				(ے س	3 17
	Winter Par	k		Florid	a 32	7 9 2 p code)	EFLORIDA	9
	(0	City)		,	<u>(Z</u> i	p code)	0R	ے د
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	gent's acceptance:							
laving been nam	ed as registered agent	and to accep	ot service	of process	for th	e above stated	d corporation	at the pla
esignated in this	application, I hereby of	accept the ap	pointme	ent as regis	tered a	gent and agre	ee to act in thi	s capacity
i rther agree to co	omply with the provisi	ons of all sta	tutes rel	ative to the	prope	r and comple	te performanc	e of my d

(Registered agent's signature)

and I am familiar with and accept the obligations of my position as registered agent.

^{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. DIRECT	ORS
Chairman:	Kenneth Dabrowski
Address:	15 Compound Drive
	Hutchinson KS 67502
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riddiess.	
Director:	John Becker
	15 Compound Drive
	Hutchinson KS 67502
Director:	John Quicke
Address:	15 Compound Drive
	Hutchinson KS 67502
B. OFFICE	RS
President:	Kent Tyler
Address:	505 East Jefferson Street
	Bluffton OH 45817
Vice President	John Becker
	15 Compound Drive
	Hutchinson KS 67502
Secretary:	John Becker
Address:	15 Compound Drive Hutchinson KS 67502
Treasurer:	John Becker
Address:	15 Compound Drive Hutchinson KS 67502
NOTE: If ne	cessary, 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. Ke	nt Tyler 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 I am the custodian of records of the State of Kansas relating to business entities and that I am the proper official to execute this certificate.

Entity Name: COLLINS BUS CORPORATION

Structure: KANSAS FOR PROFIT CORPORATION

Business Entity ID Number: 0964544

Was filed in this office on February 13, 1986 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 affairs within this state

In testimony whereof: I hereto set my hand and cause to be affixed my official seal. Done at the City of Topeka, this 11 of April , 2007.

RON THORNBURGH SECRETARY OF STATE

Certificate ID: 74645 - To verify the validity of this certificate please visit https://www.accesskansas.org/businessentity/validate.html and enter the certificate ID number.