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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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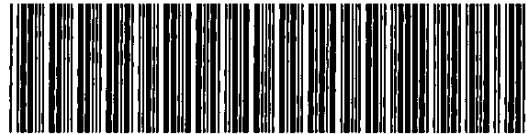
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JUL 17 PM 2:33

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7/18/07

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Horn Material Handling Systems International, 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:

Kim Curry
(Name of Person)

Ronald B. Curry CPA
(Firm/Company)

305 Cedar Ave
(Address)

Yukon OK 73099
(City/State and Zip code)

For further information concerning this matter, please call:

Kim Curry at (405) 354-8376
(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 ☐ \$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. **HORN MATERIAL HANDLING SYSTEMS INTERNATIONAL, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

HMHS, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **OKLAHOMA**

(State or country under the law of which it is incorporated)

3. **73-1604664**

(FEI number, if applicable)

4. **JANUARY 19, 2001**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **JULY 8, 2007**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **9001 S. CIMMARON ROAD MUSTANG, OK 73064**

(Principal office address)

9001 S. CIMMARON ROAD MUSTANG, OK 73064

(Current mailing address)

8. **BUILDING FINISHING AND INSTALLATIONS**

(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

(City)

, Florida **33331**

(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: Xonda Diven, Assistant Secretary 7/13/07
(Registered agent's signature) **Xonda Diven, 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

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: BARBARA HORN

Address: 9001 S CIMARRON RD
MUSTANG, OK 73064

Vice President: _____

Address: _____

Secretary: TERRY HORN

Address: 9001 S CIMARRON RD MUSTANG, OK 73064

Treasurer: _____

Address: _____

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

13. X *Barbara Horn*
(Signature of Director or Officer listed in number 12 of the application)

14. BARBARA HORN - PRESIDENT

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

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01 JUL 17 AM 2:33
TULSA COUNTY
SECRETARY OF STATE

OFFICE OF THE SECRETARY OF STATE



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01 JUL 17 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FL

**CERTIFICATE OF GOOD STANDING
DOMESTIC FOR PROFIT BUSINESS CORPORATION**

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that HORN MATERIAL HANDLING SYSTEMS INTERNATIONAL, INC. whose registered agent is LM RIEVES, with its registered office at 4808 CLASSEN BLVD OKC 73118 USA Oklahoma is a Domestic For Profit Business Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 25th, day of June, 2007.

M. Susan Savage

Secretary Of State