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(R	lequestor's Name)	
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
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07 SEP 13 PH 4: 43
SECKETARY OF STATE
TALLAHASSEE, FLORIDA

### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: SUPER VACUUM (Name of corpo	MANUFACTURING CO., INC.  pration - must include suffix)	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," and check are submitted transact business in Florida.	n for Authorization to Transact Business in Florida," d to register the above referenced foreign corporation to	
Please return all correspondence concerning this m	natter to the following:	
Tamara Sorens	en .	
(Nar	ne of Person)	
SUPER VACUUM MF	G. CO., INC.	
(Firr	n/Company)	
Loveland, CO	P.O. Box 87	
(	Address)	
Loveland, CO	80537 tate and Zip code)	
(City/S	tate and Zip code)	
For further information concerning this matter, ple	ase call:	
Tamara Sorensen at (	970, 667-5146	
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 32301		
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$\sqrt{\node \text{Y}}\$78.75 Filing Fee \$\text{Certificate of Status}\$	\$78.75 Filing Fee & \$87.50 Filing Fee, 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. SUPER VACUUM MANUFACTURING CO. INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc,," "Co.," "Corp," "Inc," "Co," or "Carp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) Manufacturer of Rescue Fire (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) Floripa Emersency Vehicles, LLC Name: Office Address: MIROMAR LAKES, FL, Florida 33913
(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 again 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.

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12. Names and business addresses of officers and/or directors: 07 SEP 13 PM 4: 43 A. DIRECTORS Chairman: \_\_\_ SECRETARY OF STATE TALLAHASSEE, FLORIDA Vice Chairman: Address: \_ \_ Director: \_\_ Address: \_\_\_ Director: **B. OFFICERS** Roger Weinmeister President: N. Chimney Park Dr. Windson, CO 80550 Vice President: Weld Co. Rd. 15 Address: Weinmeister 7424 Vardon, Ft. Collins, CO 80526 Robert Sorensen Treasurer: 28311 WCR 15, Windson, Co 80550 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) Tamara Sorensen, Vice Pres.

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

07 SEP 13 PM 4: 43

## OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

#### CERTIFICATE

I, Mike Coffman, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

SUPER VACUUM MANUFACTURING CO., INC.

#### is a Corporation

formed or registered on 09/03/1954 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871127835

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 09/06/2007 that have been posted, and by documents delivered to this office electronically through 09/11/2007 @ 10:14:04 ·

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 09/11/2007 @ 10:14:04 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6882657.



Mr. K. Colle

Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*End of Certificate\*\*\*\*\*\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions.