

F07000005619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

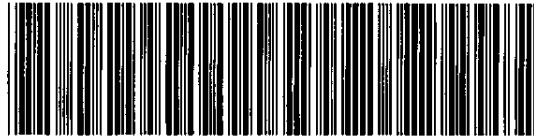
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/28/07--01019--014 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
11/14

207-48468
2-52244

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MUELLER SERVICES, 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:

DEBRA WALSH
(Name of Person)
MUELLER SERVICES, INC
(Firm/Company)
63 MAIN STREET
(Address)
TONAWANDA NY 14150-2133
(City/State and Zip code)

For further information concerning this matter, please call:

DEBRA WALSH at (716) 691-4344 EXT 256
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2007

DEBRA WALSH
MUELLER SERVICES, INC
63 MAIN STREET
TONAWANDA, NY 14150-2133

SUBJECT: MUELLER REPORTS
Ref. Number: W07000048468

We have received your document for MUELLER REPORTS 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist

Letter Number: 707A00057269

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07 OCT 22 AM 11:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

resent 10/16/07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2007

DEBRA WALSH
MUELLER SERVICES, INC
63 MAIN STREET
TONAWANDA, NY 14150-2133

SUBJECT: MUELLER REPORTS COMPANY
Ref. Number: W07000052244

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

Please accept our apology for failing to mention this in our previous letter.

The registered agent must sign accepting the designation.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 907A00062112

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

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

2. NEW YORK 3. 16-1560000
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/2/98 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. 63 MAIN STREET, TONAWANDA, NY 14150-2133
(Principal office address)

63 MAIN STREET, TONAWANDA, NY 14150-2133
(Current mailing address)

8. PERFORM INSURANCE SERVICES FOR MAJOR INSURANCE COMPANIES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) NATIONWIDE

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

JAMES M. NEWSOME
Special Assistant Secretary

By: [Signature]
(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:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JOHN F. NOE

Address: 63 MAIN STREET, TONAWANDA, NY 14150

Vice President: THOMAS R. NOE

Address: 66 PARK PLACE
GRAND ISLAND, NY 14072

Secretary: DANIEL A. NOE

Address: 25 BERESFORD CT, WILLIAMSVILLE, NY 14221

Treasurer: _____

Address: _____

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

13. DANIEL A. NOE VP Mueller Services
(Signature of Director or Officer listed in number 12 of the application)

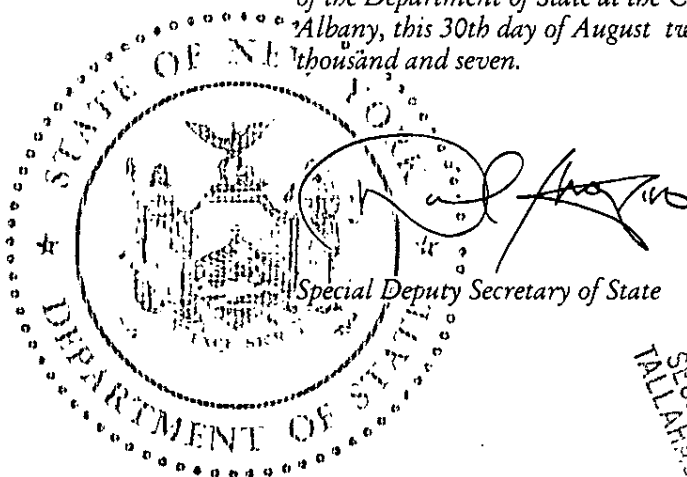
14. DANIEL A NOE
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MUELLER SERVICES, INC. was filed on 12/02/1998, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 30th day of August two
thousand and seven.*



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA