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(	Requestor's Name)	
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(6	City/State/Zip/Phone #)	
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PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
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(1	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
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FILED

SECRETARY OF STATE
SECRETARY OF STATE

AUG -1 2008 D. A. WHITE

#### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: T- SQUARE MILLWRIGHT 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:		
NER THOMASKIN		
Name of Person)		
T-SQUARE MILLWRIGHT SERVICES, INC.		
PO Box 519		
(Address)		
NORTH WEBSTER, IN 46555		
(City/State and Zip code)		
For further information concerning this matter, please call:		
s tarties information concerning this matter, prease can.		
(Name of Person) at (574) 834-1082 (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
New Filing Section New Filing Section		
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301		
Enclosed is a check for the following amount:		
\$\ \tag{S70.00 Filing Fee} \ \tag{S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status} \ \tag{S78.75 Filing Fee & Certified Copy} \ \tag{S87.50 Filing Fee, Certified Copy} \ \tag{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. T- SQUARE MILLWRIGHT SERVICES, INC. 00 A
(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. INDIANA 3. 35-1944161 (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JAN. 1995  [Date of incorporation]  5. Perpetual  (Duration: Year corp. will cease to exist or "perpetual")
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 4590 N. ST. RD 13 LEESBURG, IN 46538
(Principal office address)
PO BOX 519 NORTH WEBSTER, IN 46555
(Current mailing address)
ho
8ONSTRUCTION OF COMMERCIAL GRAIN FACILITIES & FEED MILLS (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(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)
D. Bart I D
Name:
Office Address:  716 West view DR-  Minneola, Florida 34715  (City)  (Zip code)
Minnenta
(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.
$M \Lambda$
TIKINI I
·
(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:

A. DIRECTORS	FILED
Chairman:	08 AUG - 1 PH 4: 0
Address:	SECRETARY OF STATE TALLAHASSEE, TLORIDA
Vice Chairman:	- •
Address:	
	·
Address:	
Director:	
Address:	
Address: 35 EMS B33A LANE	
Vice President:	
Address:	
Secretary: DEBRA THOM PSON	
Address: 35 EMS B33A LANE WA	RSAW, JU 46582
Treasurer: DEBCH THOM POON	
Address: 35 EMS B33A LANG L	WARSON, IN 46582
NOTE: If necessary, you may attach an addendum to the application listing a	dditional officers and/or directors.
13. Melra Thompson	
(Signature of Director or Officer listed in number 12 of DEBRA THOMPSON SETRICTION (Typed or printed name and capacity of person signing)	STARY-TREASURER

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

**FILED** 

08 AUG - 1 PM 4: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greetings:

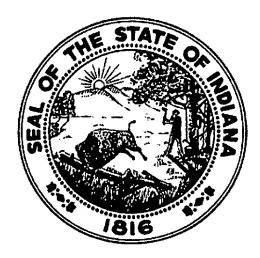
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### T-SQUARE MILLWRIGHT SERVICES, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 10, 1995, and was in existence or authorized to transact business in the State of Indiana on July 10, 2008.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Tenth Day of July, 2008.

TODD ROKITA, Secretary of State

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