# F0900005238

| (Re                     | equestor's Name)   |           |  |
|-------------------------|--------------------|-----------|--|
| (Ad                     | ldress)            |           |  |
| (Ad                     | ldress)            |           |  |
| (Cit                    | ty/State/Zip/Phone | e #)      |  |
| PICK-UP                 | ☐ WAIT             | MAIL      |  |
| (Bu                     | siness Entity Nan  | ne)       |  |
| (Document Number)       |                    |           |  |
| Certified Copies        | _ Certificates     | of Status |  |
| Special Instructions to | Filing Officer:    |           |  |
|                         |                    |           |  |
|                         |                    |           |  |
|                         |                    |           |  |
|                         |                    |           |  |

Office Use Only

NO -207 5



600163876766

12/28/09--01014--001 \*\*70.00



VN SAN

#### **COVER LETTER**

| TO: New Filing Sec<br>Division of Cor  |  |  |   |
|--|--|--|---|
| SUBJECT: RHO!  | Name of corpor   | Installations, Lation - must include suffix) | nc DBA: Riklery<br>Manufacturi                              |
| Dear Sir or Madam:   |  |  | inc.  |
|  | ion by Foreign Corporation e." and check are submitted rida. |  |   |
| Please return all corresp  | ondence concerning this ma                                   | tter to the following:                       |   |
| Robert Gr  | e0   |  |   |
| ()   | (Name  | e of Person)                                 | 10 5 1  |
| Kitchaef Mer   | Milical Malaha<br>(Firm                                      | 075, 1/c. DBA: BIY<br>(Company)              | Please Manufacturing. In                                    |
| 2364 that  | way 7  |  |   |
| $\mathcal{O}$  | (A   | (ddress)                                     |   |
| LESter Pra   | icie, MN 55  | 354  |   |
|  | (City/Sta  | ate and Zip code)                            |   |
| For further information  | concerning this matter, plea                                 | se call:                                     |   |
| Robert Gre   | enat (32   | D) 395-046                                   | <del>)</del>  |
| (Name of Person  | on) (Ar  | ea Code & Daytime Telepl                     | hone Number)  |
| CTDEET/COL   | IDIED ADDDESS.   | MARI INC.                                    | ADDRESS.  |
| STREET/COURIER ADDRESS: MAILING ADDRESS: New Filing Section New Filing Section |  |  |   |
| Division of Corporations   |  | Division of Corporations<br>P.O. Box 6327    |   |
| Clifton Buildin<br>2661 Executive<br>Tallahassee, FL                           | Center Circle  | Tallahassee,                                 |   |
| Enclosed is a check for  | the following amount:  |  |   |
| S70.00 Filing Fee  | ☐S78.75 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

| REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.  |   |
|---|---|
| (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. Ninnesota 3. 41-1935019  |   |
| (State or country under the law of which it is incorporated) (FEI number, if applicable)  |   |
| 4. //Osch //, 1999 \ 5  |   |
| (Date of incorporation) (Duration: Year corp. will cease to exist of "perpetual")   |   |
| 6.  |   |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  |   |
| (SEE SECTIONS 607/1301 & 607/1301, P.S., to determine penalty flatinity)  |   |
| 7. JOH MAN (Principal office address)   |   |
|   |   |
| 2364 Highway 7 Loser Plaine, MN 55354 5 7   |   |
|   |   |
| Rotuctoish conveyor stratems for Ferlex. 35 % F   |   |
| (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: <u>CT CARPORATION DUSTE</u> M   |   |
| Office Address: 1200 South Pine 15/and Road   |   |
| Plantation, Florida 33324   |   |
| (City) (Zip code)   |   |
| 10. Registered agent's acceptance:<br>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<br>further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duti<br>and I am familiar with and accept the obligations of my position as registered agent. | I |
| Jeanne Nelson Assistant Secretary   |   |
| Very August 10 Min Assistant Secretary  |   |

under the law of which it is incorporated.12. Names and business addresses of officers and/or directors:

(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

#### A. DIRECTORS

| Chairman:   |   |                  |          |
|---|---|------------------|----------|
| Address:  |   |                  |          |
|   |   | <del>[2]</del> - |          |
| Vice Chairman:  |   | 2009 (           |          |
|   | 75  | 33               | 77       |
| Address:  | <del>- 22</del>                               | 8                | <u>—</u> |
|   |   | =                |          |
| Director:   | 33  | #:               |          |
| Address:  | A C   | 34               |          |
|   |   |                  |          |
|   |   |                  |          |
| Director:   |   |                  |          |
| Address:  |   |                  |          |
|   |   | <u></u>          |          |
| B. OFFICERS   |   |                  |          |
| President: Prooct Green   |   |                  |          |
| Address: 23d Habiay 7   |   |                  |          |
| Lester Prairie, MN 55354  |   |                  |          |
| Vice President:   |   |                  |          |
| Address:  |   |                  |          |
|   |   |                  |          |
| Secretary:  |   |                  |          |
|   | <del></del>                                   |                  |          |
| Address:  | <u> </u>                                      | -                |          |
| Treasurer:  |   |                  |          |
| Address:  | <u>, , , , , , , , , , , , , , , , , , , </u> | <del></del>      |          |
|   |   |                  |          |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and   | d/or directors                                | •                |          |
| 13. Sopul O Seen  |   |                  |          |
| (Signature of Director or Officer listed in number 12 of the application)                           |   |                  |          |
| 14. Robot Green, President Owner (Typed or printed name and capacity of person signing application) |   |                  |          |
| (1) ped of printed faint and capacity of person signing application)                                |   |                  |          |

## State of Minnesota

### **SECRETARY OF STATE**

Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

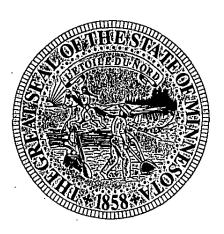
Name: Rite Way Mechanical Installations, Inc.

Date Formed: 03/11/1999

Chapter Governed By: 302A

This certificate has been issued on 11/09/09.

SECRETARY OF STATE



Mark Ritchie Secretary of State.