

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CHECKMATE

Account Number : 120030000146

Phone .

Fax Number

: (941)366-1819 : (866)582-8258

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: Josh @ KSENERCYSer Vices, Com

# FOREIGN PROFIT/NONPROFIT CORPORATION KS ENERGY SERVICES, INC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$70.00

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Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

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### **COVER LETTER**

TO: New Filing Section Division of Corporations			
SUBJECT: KS ENERGY SERVICE	ES, INC.		
Name of co	rporation - must	include suffix	
Dear Sir or Madam:			•
The enclosed "Application by Foreign Corpora "Certificate of Existence," and check are subm transact business in Florida.	ation for Authori. litted to register t	zation to Transa he above refere	ct Business in Florida," need foreign corporation to
Please return all correspondence concerning th	is matter to the fi	ollowing:	
1	Name of Person		
CHECK MAT	E LICENSING	SERVICE	
· F	irm/Company		
4411 BE	E RIDGE RD.	#257	
	Address		
	SOTA, FL 34		
Cit	y/State and Zip c	ode	
LICENSING@0 E-mail address: (to			
For further information concerning this matter,		anituas repotit	ionnearon)
STALEY WEIDMAN at (	941)	366.1	B19
Name of Person	Area Code &	Daytime Teleph	one Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING A New Filing So Division of C P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a check for the following amount:			
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Star		Filing Fee & ed Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

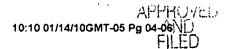
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

I KS ENERGY S	SERVICES, INC.	
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"
KS ENERGY 9	SERVICES OF FLORIDA, INC.	
(If name unavail	able in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting business in Florida)
2. WISCONSIN	:	3, 68-0587337
	under the law of which it is incorporated)	(FEI number, if applicable)
4. JUNE 04, 200	4	5 PERPETUAL
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. 19705 WEST	INCOLN AVE. NEW BERLIN, WI 531	46
		s in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
7. 19705 WEST LI	NCOLN AVE. NEW BERLIN, WI 5314	6
	(Principal office a	Idress) So o
SAME AS ABO	VE	EG S
	(Current mailing a	ddress)
		SSE F
·	LAWFUL BUSINESS	country to be carried out in state of Florida)
	•	5 S
9. Name and stree	at address of Florida registered agent: (P	O. Box NOT acceptable)
Name:	CORP DIRECT AGENTS, INC	<u> </u>
Office Address:	515 EAST PARK AVE	
	TALLAHASSEE	, Florida 32301
	(City)	(Zip code)
Having been nam designated in this further agree to c	application, I hereby accept the appoint	vice of process for the above stated corporation at the place itement as registered agent and agree to act in this capacity. It is relative to the proper and complete performance of my duties, position as registered agent.
_	(Registered agent's signatur	c)

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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SECRETARY OF STATE TALLAHASSEE, FLORIDA
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itional officers and/or directors.
e application)

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

DOM 180 181 185 183

United States of America

State of Wisconsin



### DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Present Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions do hereby certify that

#### KS ENERGY SERVICES, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is June 4, 2004.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622, 181.0120 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on December 14, 2009.

RAY ALLEN, Deputy Administrator Division of Corporate & Consumer Services

Department of Financial Institutions

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Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.