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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FOREIGN PROFIT/NONPROFIT CORPORATION

Land Span Motor Equipment, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

9/30/10

**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. LAND SPAN MOTOR EQUIPMENT, INC.  
(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. Georgia 3. 58-1628496  
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 07/16/1985 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 10/01/2010  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1958 MONROE DRIVE N.E., ATLANTA, GA 30324  
(Principal office address)
- P.O. BOX 1738, ATLANTA, GA 30301  
(Current mailing address)

8. LEASING AND OWNING EQUIPMENT

(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: 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

By: Danny Verdecchia  
(Registered agent's signature)  
Danny Verdecchia, Jr. Asst. Secretary

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:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: MICHAEL L. WATKINS

Address: 1958 MONROE DRIVE N.E.

ATLANTA, GA 30324

Director: JOHN C. WATKINS

Address: 2119 HARDEN BLVD

LAKELAND, FL 33803

B. OFFICERS

President: JOHN C. WATKINS

Address: 2119 HARDEN BLVD

LAKELAND, FL 33803

Vice President: MICHAEL L. WATKINS

Address: 1958 MONROE DRIVE N.E.

ATLANTA, GA 303024

Secretary: ERIC S. WAHLEN

Address: 1958 MONROE DRIVE N.E., ATLANTA, GA 30324

Treasurer: ERIC S. WAHLEN

Address: 1958 MONROE DRIVE N.E., ATLANTA, GA 30324

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. ERIC S. WAHLEN, SECRETARY AND TREASURER

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

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DIVISION OF CORPORATIONS

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**Attachment to Florida  
Officers & Directors**

1	Full Name:	JOHN F. WATKINS
	Officer/Director:	Officer
	Officer's Title:	VICE PRESIDENT
	Director's Title:	
	Business Address:	2119 HARDEN BLVD
	City:	LAKELAND
	State:	FL
	ZIP Code:	33803
2	Full Name:	W.B. WATKINS V
	Officer/Director:	Officer
	Officer's Title:	VICE PRESIDENT
	Director's Title:	
	Business Address:	2119 HARDEN BLVD
	City:	LAKELAND
	State:	FL
	ZIP Code:	33803
3	Full Name:	TIM MOORE
	Officer/Director:	Officer
	Officer's Title:	VICE PRESIDENT
	Director's Title:	
	Business Address:	2119 HARDEN BLVD
	City:	LAKELAND
	State:	FL
	ZIP Code:	33803
4	Full Name:	ERIC S. WAHLEN
	Officer/Director:	Officer, Director
	Officer's Title:	SECRETARY/TREASURER
	Director's Title:	Other Director
	Business Address:	1958 MONROE DRIVE N.E.
	City:	ATLANTA
	State:	GA
	ZIP Code:	30324

Control No. J510941

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
315 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

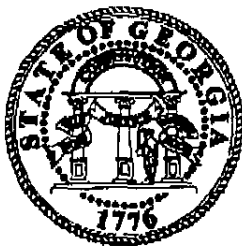
#### LAND SPAN MOTOR EQUIPMENT, INC.

##### Domestic Profit Corporation

was formed or was authorized to transact business on 07/16/1985 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 29th day of September, 2010

*B. P. Kemp*

Brian P. Kemp  
Secretary of State

Certification Number: 6171875-1 Reference:  
Verify this certificate online at <http://corp.sos.state.ga.us/corp/soakb/verify.asp>

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Division of Corporations