F/1000000500

(Requ	uestor's Name)	
(Addi	ress)	<u> </u>
(Addi	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nai	me)
(Doc	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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11 FEB -3 PH 3: 22 SECRETARY OF STATE TALLAHASSEE FI ORINA



COVER LETTER

TO:	New Filing Sec Division of Cor	porations			١	
SUBJ	ECT: Pa	den	Enginee	ring C	o. In	<i>Q</i> .
		Γ	Name of corpora	tion - must inclu	ide suttix	
Dear S	ir or Madam:					
"Certif	closed "Applicat ficate of Existenc referenced foreig	e," or "Certi	ificate of Good S	Standing" and ch	eck are submit	Business in Florida," ted to register the
Please	return all corresp			atter to the follow	ving:	
	ENNIS	Jenu		of Person		
C	aden Er	_	Name	of Person		
	rden tr	<u>iginss</u>	ring Co.	. Inc.		
		J 04	Firm/C	Company		
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Ca	pe Coral	, PL	339/7			
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We	sroy@/i	ve. Co	m			
1	,	E-mail a	ddress: (to be us	sed for future and	nual report noti	fication)
For fu	rther information	concerning	this matter, plea	ise call:		
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Di	Name of Perso		at (<u>& \$</u>	rea Code & Day	time Telephone	Number
	Name of Ferso	111	, A	rea Code & Day	ume releption	2 INdifficer
`.						
	STREET/COU		DRESS:	***	AILING ADD ew Filing Section	-
	New Filing Sec Division of Cor				ivision of Corp	
_'	Clifton Buildin				O. Box 6327	Oldifolis
	2661 Executive	Center Cir	cle	Ta	illahassee, FL	32314
	Tallahassee, FL	32301				
Enclos	sed is a check for	the following	ng amount:			•
K	70.00 Filing Fee	\$78.7 ⁴	5 Filing Fee &	\$78.75 Fili	ing Fee &	\$87.50 Filing Fee,
'لـا			icate of Status	Certified (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.

Lnd	iana		3	35-/3593 (FEI num	567	
ate or coun	itry under the lav	w of which it is incom	rporated)	(FEI nun	ber, if applicable)	
ر چې	em Der Date of incorpora	7773	5	rerpetual		
(1	Date of incorpora	N/A		(Duration: Year corp. v	vill cease to exist or	SEE CE
	(CE			Florida, if prior to regist		3
110-				02, F.S., to determine per		
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ndian.	~ Addres		y mon d	ess) St. Hope, ess)	IN 47点	#6 23
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(Purpo	se(s) or corporat	ion authorized in ho	me state or cou	intry to be carried out in	state of Florida)	
	treet address of	f Florida registerec	d agent: (P.O.	Box NOT acceptable	e)	
Name and <u>s</u>						
		len Ron	t			
Name	Kel	ley Roy				
Name	KE1 2136	SW 197	PL	-		
Name	KE1 2136	SW 197	PL	, Florida 339 (Zip co	<u>19 /</u>	

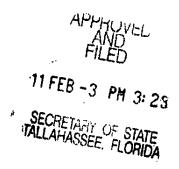
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(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:	APPHOVEL
A. DIRECTORS	FILED
Chairman: Dennis Schulz	11 FEB -3 PM 3: 20
Address: 4938 SW 97 PL Cape Coral FL	3 5014 2 14 3: 58
Address: 1136 300 1 12 Cape Coret 12	TALLAHASSEE C. STATE
Vice Chairman: Barbara Jordan	
Address: 16483 E. Lakeshore Dr S; Hopf, 7	IN 47246
Director:	
Address:	
Director	
Director:	
Address:	
B. OFFICERS President: Dennis Schulz Address: 4938 SW 94 PL Cape Coral Fl	L 339/4
Vice President:	
Address:	
	<u></u>
Secretary: Barbara Jordan	
Address: 16483 F. Lake Shore Dr. Sout	th; Hope, IN 47246
Treasurer:	
Address:	
NOTE: If necessary, you may attach an add indum to the application listing addition	al officers and/or directors.
Signature of Director or Officer	officers that the feets stated housing
The officer or director signing this document (and who is listed in number 12 above) are true and that he or she is aware that false information submitted in a document to third degree felony as provided for in s.817.155, F.S.	the Department of State constitutes a
14. Dennis Schulz, Chairman	
(Typed or printed name and capacity of person signing appli	cation)

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



To Whom These Presents Come, Greetings:

I, Charles P. White, 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

PADEN ENGINEERING CO INC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on December 04, 1975, and was in existence or authorized to transact business in the State of Indiana on January 24, 2011.

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 Twenty-Fourth Day of January, 2011.

Charles P. White, Secretary of State

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