# F11000003616

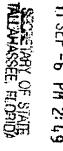
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Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

Office Use Only



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### COVER LETTER

TO:	New Filing Se Division of Co					
SUBJ	ECT: <u>Fu</u>	ELING	AND SE	ation - must in	TECHNO: clude suffix	LOGIES, INC.
Dear S	ir or Madam:					
"Certif	icate of Existen	ice," or "Cert		Standing" and	check are sub-	et Business in Florida," mitted to register the
Please	return all corre	spondence co	ncerning this m	natter to the fol	lowing:	
	AVIDR	EED				
			Nam	e of Person		
F	DELING	AND S	SERVICE Firm/	TECH NO	DLOGIE:	S, INC.
	OSD VIL	LAGE	DR .	STE D		
<u>B</u>	UENA P	ARK	CA City/Sta	ate and Zip coo	de	
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	ed is a check for	\$78.75	g amount: Filing Fee & cate of Status	\$78.75 F	iling Fee & I Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



### RECEIVED 11 SEP -6 PM 12: 42

## SECRETARY OF STATE FLORIDA DEPARTMENT OF STATETALLAHASSEE, FLORIDA Division of Corporations

August 23, 2011

DAVID REED 7050 VILLAGE DR SUITE D BUENA PARK, CA 90621

SUBJECT: FUELING AND SERVICE TECHNOLOGIES, INC.

Ref. Number: W11000043969

We have received your document for FUELING AND SERVICE TECHNOLOGIES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason Regulatory Specialist II

Letter Number: 011A00019772

#### 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. FUEU (Enter name of a "Inc.," "Co.," "C	NG AND SERVI corporation; must include "INCO Corp," "Inc," "Co," or "Corp.")	CF TECH DRPORATED," "(	ANDLO COMPANY,"	SIES, INCO	RYORATED	
(If name unavai	lable in Florida, enter alternate c	orporate name ado	pted for the p	urpose of transacting bus	iness in Florida)	
2. CAU	FORNI A under the law of which it is income	3	95-	- 464 98 32 FEI number, if applicable		
4. 11\2	28/94	5	PER	PETUAL.		
6. 4\1\	e of incorporation)	(D	uration: Yea	r corp. will cease to exist	or "perpetual")	
·· — — — — — — — — — — — — — — — — — —	(Date first transa (SEE SECTIONS 607	cted business in Flo .1501 & 607.1502,				
	•	VE ST	ED_	BUENA PA	ARK CA	9062
SAM		nt mailing address	)			•(
, ,	s) of corporation authorized in het address of Florida registere  DAN MCGILL	ome state or countred agent: (P.O. Bo	•		11 SEP -6 PM 2: 49 SEPARASSEE RECORDS	
Office Address:	CAPE CORAL	*	– _ , Florida _	33904 (Zip code)	D. 1-9	
10 Registered a	gent's accentance:			,		

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.

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 Address: Vice Chairman: Address: Director: Address: \_\_\_ Director: Address: **B. OFFICERS** President: DAN MCGILL RP HIDDEN CANYON 90631 LA HABRA Vice President: CHRISTINE Address: 8381 SUNNYBROOK CIRCLE BUENA PARK. CA 90621 Secretary: ADAM LEITER BARBI LN. LOS ALAMITOS CA Address: \\307 LEITER Treasurer: ADAM Address: 11307 BARBI LN. LOS ALAMITOS CA NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. MC GILL - PRESIDENT

# State of California Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

FUELING AND SERVICE TECHNOLOGIES, INC.

FILE NUMBER:

C1917185

FORMATION DATE:

11/28/1994

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

N SEP -6 PM 2: 49



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 01, 2011.

DEBRA BOWEN
Secretary of State