

F110000003619

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DIVISION OF CORPORATIONS  
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643-

W11000042086

9/7/11

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Fleet Concepts Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Dave Bodenhamer

Name of Person

Fleet Concepts Inc.

Firm/Company

P.O. Box 2110

Address

Hillsboro, OR 97123

City/State and Zip code

daveb@fleetconcepts.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dave Bodenhamer

Name of Person

at ( 877 ) 338-3130

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2011

DAVE BODENHAMER  
POST OFFICE BOX 2110  
HILLSBORO, OR 97123

SUBJECT: FLEET CONCEPTS INC.  
Ref. Number: W11000042086

RECEIVED  
11 SEP -6 PM 4: 21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for FLEET CONCEPTS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 511A00018892

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DIVISION OF CORPORATIONS

**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. Fleet Concepts 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. Oregon

(State or country under the law of which it is incorporated)

3. 93-1031015

(FEI number, if applicable)

4. July 1, 1990

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. August 22, 2011

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 139 Merlot Way, St. Augustine, FL 32084

(Principal office address)

Same

(Current mailing address)

8. Interstate Transportation of Property

(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: Kathy Halfspring

Office Address: 139 Merlot Way

St. Augustine, Florida 32084

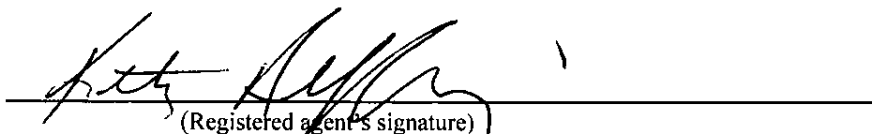
(City)

(Zip code)

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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.*

  
(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:

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DIVISION OF CORPORATION

**A. DIRECTORS**

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

2011 SEP -6 PM 4:50

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

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

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

Director: David J. Bodenhamer

Address: P.O. Box 2110

Hillsboro, OR 97123

Director: Darryl A. Pape

Address: P.O. Box 2110

Hillsboro, OR 97123

**B. OFFICERS**

President: David J. Bodenhamer

Address: P.O. Box 2110

Hillsboro, OR 97123

Vice President: \_\_\_\_\_

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

Secretary: Darryl A. Pape

Address: P.O. Box 2110 Hillsboro, OR 97123

Treasurer: \_\_\_\_\_

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

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

13. David J. Bodenhamer

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.

14. David J. Bodenhamer, President

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

CERTIFICATE

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

**FLEET CONCEPTS, INC.**

was

incorporated

under the Oregon

**Business Corporation Act**

on

**July 13, 1990**

and is active on the records of the Corporation Division as of  
the date of this certificate.

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*In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.*

KATE BROWN, Secretary of State

By

A handwritten signature in dark ink, appearing to read "Debra L. Virag", is written over a horizontal line.

Debra L. Virag

August 23, 2011