

F12000002610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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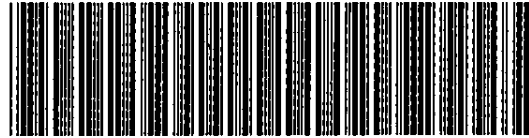
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JUN 18 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Weis Fire & Safety Equipment Company, Incorporated

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:

Gary (Mike) Weis

Name of Person

Weis Fire & Safety Equipment Company, Incorporated

Firm/Company

111 E. Pacific Ave, PO Box 3467

Address

Salina, Kansas 67401

City/State and Zip code

renee.b@weisfiresafety.com ✓

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

For further information concerning this matter, please call:

Mike Weis or Renee Blase at (785) 825-9527

Name of Person

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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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2012

GARY WEIS
111 E PACIFIC AVE, PO BOX 3467
SALINA, KS 67401

SUBJECT: WEIS FIRE & SAFETY EQUIPMENT COMPANY, INCORPORATED
Ref. Number: W12000029982

We have received your document for WEIS FIRE & SAFETY EQUIPMENT COMPANY, INCORPORATED 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.

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

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) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 112A00015652

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. WEIS FIRE & SAFETY EQUIP. CO., INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

WFE FIRE & SAFETY EQUIPMENT, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. KANSAS

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

3. 48-1159334

(FEI number, if applicable)

4. JANUARY 25, 1995

(Date of incorporation)

5. PERPETUAL

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

6. HAVE NOT AT THIS TIME WAITING FOR REGISTRATION

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

7. 111 E. PACIFIC AVE, SALINA KS 67401

(Principal office address)

PO BOX 3467, SALINA KS 67402-3467

(Current mailing address)

8. TO SALE A DRAFT COMMANDER (SEE ATTACHED)

(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: KATHLEEN M FLYNN

Office Address: 1318 LAFAYETTE STREET

CAPE CORAL

(City)

Florida 33904

(Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Kathleen Flynn
(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:

A. DIRECTORS

Chairman: GARY L. WEIS

Address: 4905 N. OLD HWY 81
SALINA KS 67401

Vice Chairman: _____

Address: _____

Director: CHARLOTTE WEIS

Address: 4905 N. OLD HWY 81
SALINA KS 67401

Director: GARY (MIKE) WEIS

Address: 2527 STONEPOST LN
SALINA KS 67402

B. OFFICERS

President: GARY (MIKE) WEIS

Address: 2527 STONEPOST LN
SALINA KS 67401

Vice President: CHARLOTTE WEIS

Address: 4905 N. OLD HWY 81
SALINA KS 67401


Secretary: GARY (MIKE) WEIS

Address: 2527 STONEPOST LN, SALINA KS 67401

Treasurer: GARY (MIKE) WEIS

Address: 2527 STONEPOST LN, SALINA KS 67401

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

13.  _____
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. Gary Mike Weis - President _____
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 2223543

Entity Name: WEIS FIRE & SAFETY EQUIP. CO., INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: WFE FIRE & SAFETY EQUIPMENT, INC.

Registered Office: 111 E PACIFIC, SALINA, KS 67401

was filed in this office on January 25, 1995, and is in good standing, having fully complied with all requirements of this office.

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



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of May 24, 2012

KRIS W. KOBACH
SECRETARY OF STATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate ID: 499437 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.