

F12000004984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100242077701

12/11/12--01009--002 **70.00

FILED
12 DEC 11 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 12 2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Wire Buyer, 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:

Julian Holt

Name of Person

Wire Buyer, Inc

Firm/Company

17140 Primavera Circle

Address

Cape Coral, FL 33909

City/State and Zip code

jholt@jtholdings.com

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

For further information concerning this matter, please call:

Julian Holt

Name of Person

at (239) 247 0398

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

**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. Wire Buyer, 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. Kansas 3. 90-0861114
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 17, 2012 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Haven't transacted any business
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2534 NE 9 Ave, #5, Cape Coral, FL 33909
(Principal office address)

PO Box 3027, N Ft Myers, FL 33918
(Current mailing address)

8. Purchase of scrap insulated wire
(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)

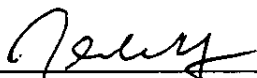
Name: Julian Holt

Office Address: 17140 Primavera Circle

Cape Coral, Florida 33909
(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.



(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: Nathan Vogt

Address: 633 Elm Street
Kingman, KS, 67068

Vice Chairman: Julian Holt

Address: 17140 Primavera Circle
Cape Coral, FL 33909

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Nathan Vogt

Address: 633 Elm Street
Kingman, KS, 67068

Vice President: Julian Holt

Address: 17140 Primavera Circle
Cape Coral, FL 33909

Secretary: Julian Holt

Address: -same as above-

Treasurer: Julian Holt

Address: -same as above-

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

13. _____

Julian Holt
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. Julian Holt - Vice President

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

**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: 6651061

Entity Name: WIRE BUYER, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: NATHAN VOGT

Registered Office: 633 Elm Street, KINGMAN, KS 67068

was filed in this office on May 17, 2012, 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.

FILED
12 DEC 11 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 October 30, 2012

**KRIS W. KOBACH
SECRETARY OF STATE**

Certificate ID: 559428 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.