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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

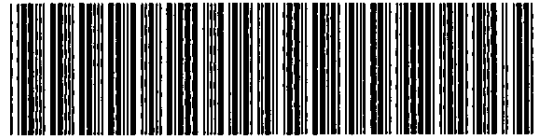
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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Ps 1/29/13

## COVER LETTER

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

**SUBJECT:** Mountain States Pipe & Supply Co.

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:

Cindy Stermitz

Name of Person

Mountain States Pipe & Supply Co.

Firm/Company

111 W. Las Vegas St.

Address

Colorado Springs, CO 80903

City/State and Zip code

cstermitz@msps.com

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

For further information concerning this matter, please call:

Cindy Stermitz

Name of Person

at ( 719 ) 634-5555

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. **Mountain States Pipe & Supply Co.**

(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. **Colorado**

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

3. **84-0441361**

(FEI number, if applicable)

4. **03/07/1955**

(Date of incorporation)

5. **Perpetual**

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

6. \_\_\_\_\_

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

7. **111 W. Las Vegas St., Colorado Springs, CO 80903**

(Principal office address)

**111 W. Las Vegas St., Colorado Springs, CO 80903**

(Current mailing address)

8. **Any and all lawful business.**

(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:

**InCorp Services, Inc.**

Office Address:

**17888 67th Court North**

**Loxahatchee**

(City)

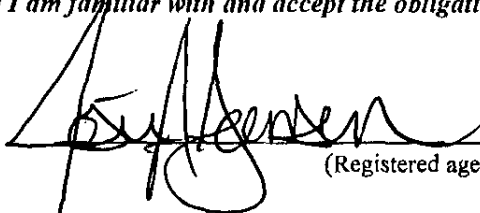
, Florida

**33470**

(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.*



**on behalf of InCorp Services, Inc.**

(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.

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

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

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

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

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

Director: Elizabeth Carroll

Address: 4665 Alpglen Court

Colorado Springs, CO 80906

Director: Paul Carroll

Address: 4665 Alpglen Court

Colorado Springs, CO 80906

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**B. OFFICERS**

President: see attached

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

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

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

Secretary: \_\_\_\_\_

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

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

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

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

13. Elizabeth Carroll

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. Elizabeth Carroll, President

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

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**Mountain States Pipe & Supply Co.**  
**FEIN 84-0441361**

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**OFFICERS**

NAME	TITLE	ADDRESS	PHONE
Carroll, Elizabeth L	President	4665 Alpglen Court Colorado Springs, CO 80906	719-634-5555
Carroll, Paul T	Chief Executive Officer	4665 Alpglen Court Colorado Springs, CO 80906	719-634-5555
Knowles, Clinton	Chief Financial Officer	2290 Cape Pine Way Colorado Springs, CO 80919	719-634-5555
VanTeylingen, James S.	Chief Operating Officer/ Secretary	1505 Babcock Road Colorado Springs, CO 80915	719-634-5555
Stermitz, Cindy E.	Controller	5190 Thistle Court Colorado Springs, CO 80917	719-634-5555

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE**

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

**MOUNTAIN STATES PIPE & SUPPLY CO.**

is a **Corporation** formed or registered on 03/07/1955 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871128232.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/22/2013 that have been posted, and by documents delivered to this office electronically through 01/23/2013 @ 10:16:12.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 01/23/2013 @ 10:16:12 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8440456.



A handwritten signature in black ink, appearing to read "Scott Gessler", is written over a horizontal line.

Secretary of State of the State of Colorado

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\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."*