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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

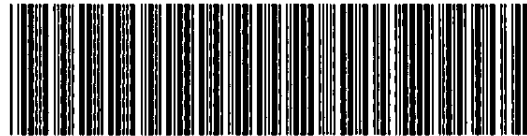
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

J. Shivers MAR 06 2013

## COVER LETTER

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

**SUBJECT:** Agri Drain Corporation  
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:

Kim Wedemeyer  
Name of Person  
Agri Drain Corp.  
Firm/Company  
1462 340<sup>th</sup> St.  
Address  
Adair, IA 50002  
City/State and Zip code  
kimw@agridrain.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kris Stringham at (641) 742-5211  
Name of Person Area Code & Daytime Telephone Number

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### 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. Agri Drain Corp.  
(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. Iowa 3. 42-1114347  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/18/1978 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. March 18, 2013  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1462 340<sup>th</sup> St., Adair, Iowa 50002  
(Principal office address)  
PO Box 458, Adair, Iowa 50002  
(Current mailing address)

8. Selling our products, which are water level control structures, tile,  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) fittings, etc.

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Charles Schafer

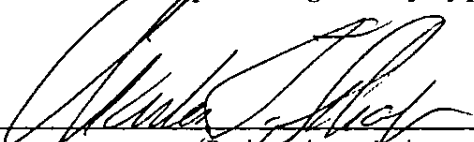
Office Address: 4970 59<sup>th</sup> Ave. South, Bayway Aisles  
Saint Petersburg, Florida 33715  
(City) (Zip code)

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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:

**A. DIRECTORS**

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

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

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Charles Schafer

Address: 4970 59<sup>th</sup> Ave. South, Bayway Aides

Saint Petersburg, FL 33715

Vice President: Kim Wedemeyer

Address: 3128 Frontier Rd

Adair, IA 50002

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

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

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

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

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

13. Kim Wedemeyer

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. Kim Wedemeyer, Vice President

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

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**IOWA SECRETARY OF STATE  
MATT SCHULTZ**



**CERTIFICATE OF EXISTENCE**

Date: 2/21/2013

Name: AGRI DRAIN CORP. (490 DP - 1497)

Date of Incorporation: 12/18/1978

Duration: PERPETUAL

I, Matt Schultz, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

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Certificate ID: **CS76399**

To validate certificates visit:

**[sos.iowa.gov/ValidateCertificate](http://sos.iowa.gov/ValidateCertificate)**

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

Matt Schultz, Iowa Secretary of State