

F13000002417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

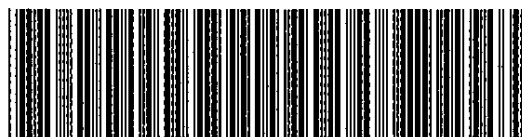
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TALLAHASSEE FLORIDA

14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Hopkins Manufacturing 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:

James A. Daniel

Name of Person

Hopkins Manufacturing Corporation

Firm/Company

428 Peyton Street, P.O. Box 1157

Address

Emporia, KS 66801

City/State and Zip code

lana@hopkinsmfg.com

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

For further information concerning this matter, please call:

James A. Daniel at (620) 340-8414

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:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. **Hopkins Manufacturing Corporation**

(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. **48-0575295**
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **5/25/1994** 5. **Perpetual**
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. **8/2012**
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **428 Peyton Street, Emporia, KS 66801**
(Principal office address)
P.O. Box 1157, Emporia, KS 66801
(Current mailing address)

8. **Resident employee**
(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: **Corporation Service Company**

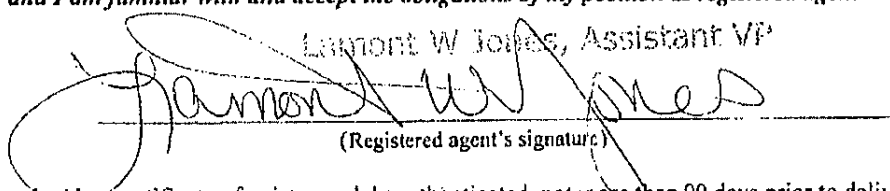
Office Address: **1201 Hays Street**

Tallahassee, Florida **32301-2525**
(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.

Lamont W Jones, Assistant VP


(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: D. Michael Lay

Address: 161 Bay Street, 48th Floor, P.O. Box 220
Toronto, Ontario M5J 2S1

Vice Chairman: Bradley T. Kraft

Address: 428 Peyton Street
Emporia, KS 66801

Director: Donald F. West

Address: 421 Leader Street
Marion, OH 43302

Director: _____

Address: _____

B. OFFICERS

President: Bradley T. Kraft

Address: 428 Peyton Street
Emporia, KS 66801

Vice President: James A. Daniel

Address: 428 Peyton Street
Emporia, KS 66801

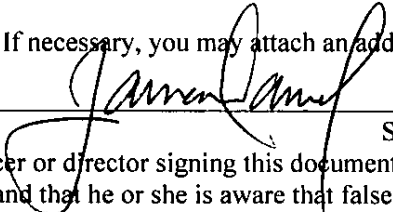
Secretary: James A. Daniel

Address: 428 Peyton Street, Emporia, KS 66801

Treasurer: James A. Daniel

Address: 428 Peyton Street, Emporia, KS 66801

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. James A. Daniel, VP Finance and CFO

(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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: 2161750

Entity Name: HOPKINS MANUFACTURING CORPORATION

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: CORPORATION SERVICE COMPANY

Registered Office: 2900 SW WANAMAKER DRIVE SUITE 204, TOPEKA, KS 66614

was filed in this office on May 25, 1994, 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 03, 2013

KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 574838 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.