

F/B000000K369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

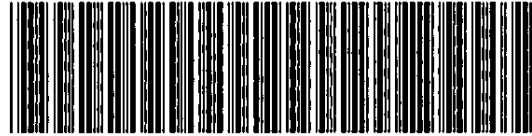
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT -7 PM 4:58

Handwritten signature and date 10/8/13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Kuder, 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:

David E. Rawson

Name of Person

Kuder, Inc.

Firm/Company

302 Visions Parkway

Address

Adel, Iowa 50003

City/State and Zip code

rawsond@kuder.com

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

For further information concerning this matter, please call:

David E. Rawson

Name of Person

at (**515**) **993-3005**

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. **Kuder, 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. **Iowa**

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

3. **42-1352006**

(FEI number, if applicable)

4. **5/1/1990**

(Date of incorporation)

5. **Perpetual**

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

6. **Not yet doing business - registering as required by ITN 2014-26**

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

7. **302 Visions Parkway, Adel, Iowa 50003**

(Principal office address)

302 Visions Parkway, Adel, Iowa 50003

(Current mailing address)

8. **Provide career guidance systems to Florida Dept of Education**

(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: **CT Corporation System**

Office Address:

1200 South Pine Island Road

Plantation

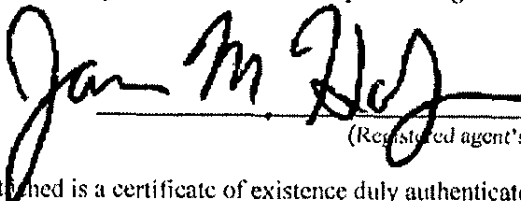
(City)

Florida 33324

(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.



James M. Halpin
Assistant Secretary

(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: Phillip R. Harrington

Address: 302 Visions Parkway
Adel, Iowa 50003

Vice Chairman: _____

Address: _____

Director: David E. Rawson

Address: 302 Visions Parkway
Adel, Iowa 50003

Director: _____

Address: _____

B. OFFICERS

President: Phillip R. Harrington

Address: 302 Visions Parkway
Adel, Iowa 50003

Vice President: _____

Address: _____

Secretary: David E. Rawson

Address: 302 Visions Parkway, Adel, Iowa 50003

Treasurer: David E. Rawson

Address: 302 Visions Parkway, Adel, Iowa 50003

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. David E. Rawson, Secretary & Treasurer

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

IOWA

SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

Date: 9/30/2013

Name: KUDER, INC. (490 DP - 142394)

Date of Incorporation: 5/1/1990

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.




MATT SCHULTZ, SECRETARY OF STATE

