

F14000002223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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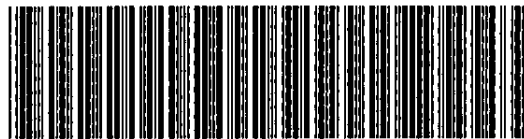
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/19/14--01026--022 **78.75

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14 MAY 19 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature] 05/21/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DITCH WITCH SALES, 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:

KENT CUDNEY

Name of Person

DITCH WITCH SALES, INC.

Firm/Company

PO BOX 429

Address

SULLIVAN, MO 63080

City/State and Zip code

KCUDNEY@DITCHWITCHSALES.COM

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

For further information concerning this matter, please call:

KENT CUDNEY

Name of Person

at (573) 468-8012

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. **DITCH WITCH SALES, 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. **MISSOURI**

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

3. **43-0990434**

(FEI number, if applicable)

4. **08/25/1967**

(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. **506 E. PARK RD, PLANT CITY, FL 33563**

(Principal office address)

PO BOX 429, SULLIVAN, MO 63080

(Current mailing address)

8. THE PURPOSE OF THE CORPORATION IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY INCLUDING SALES OF EQUIPMENT, PARTS & SERVICE.

(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:

REBECCA MEDLIN

Office Address:

506 E. PARK RD.

PLANT CITY

(City)

, Florida

33563

(Zip code)

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TALLAHASSEE, FLORIDA

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.

Rebecca Medlin.

(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: GRANT MEDLIN

Address: 180 HIDDEN OAKS ESTATES
BOURBON, MO 65441

Vice Chairman: REBECCA MEDLIN

Address: 180 HIDDEN OAKS ESTATES
BOURBON, MO 65441

Director: KENT CUDNEY

Address: 4376 HIGHWAY EE
BEAUFORT, MO 63013

Director: _____

Address: _____

B. OFFICERS

President: GRANT MEDLIN

Address: 180 HIDDEN OAKS ESTATES
BOURBON, MO 65441

Vice President: REBECCA MEDLIN

Address: 180 HIDDEN OAKS ESTATES
BOURBON, MO 65441

Secretary: KENT CUDNEY

Address: 4376 HIGHWAY EE, BEAUFORT, MO 63013

Treasurer: KENT CUDNEY

Address: 4376 HIGHWAY EE, BEAUFORT, MO 63013

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. KENT CUDNEY

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

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MAY 19 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF MISSOURI



Jason Kander
Secretary of State

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14 MAY 19 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

DITCH WITCH SALES, INC.
00125652

was created under the laws of this State on the 25th day of August, 1967, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 12th day of May, 2014

A handwritten signature of Jason Kander in cursive script.

Secretary of State

