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FLORIDA DEPARTMENT OF STATE SEC. AND ADDITIONAL PROPERTY OF STATE SEC.

March 31, 2015

LINDA L. DANIELS P.O. BOX 1528 HUTCHINSON, KS 67504-1528

SUBJECT: LOWEN CORPORATION

Ref. Number: W15000022330

We have received your document for LOWEN CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 515A00006380

COVER LETTER

	ew Filing Section ivision of Corpo				
SUBJEC	T: Lowen Co	rporation			
CODUDE		Name of corpo	oration	must include suffix	
Dear Sir o	or Madam:				
"Certificat	te of Existence,"		od Stano	Authorization to Transac ling" and check are sub- s in Florida.	
Please reti	urn all correspo	ndence concerning this	matter	to the following:	
Linda L. D	aniels				
		Na	me of P	erson	
Lowen Co	orporation				
		Fin	n/Comp	oany	
PO Box 1	528				
			Addres	ss	, ,
Hutchinso	on, KS 67504-1	528			
		City/	State an	d Zip code	
lindad@lo	wen.com				
		E-mail address: (to be	used to	or future annual report n	otification)
For furthe	er information co	oncerning this matter, p	lease ca	all:	
Linda L. C	Daniels	at ()	665-2840	
Ņ	Name of Person	at (Area C	ode & Daytime Telepho	one Number
N D C 20	TREET/COUR lew Filing Section division of Corporal lifton Building 661 Executive Callahassee, FL	erations enter Circle		MAILING Al New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction prporations
Enclosed	is á check for th	e following amount:			
\$70.00	Filing Fee	\$78.75 Filing Fee & Certificate of Statu		\$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, FLORIDÀ STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(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 Nevada (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1111 Airport Rd, Hutchinson, KS 67504 (Principal office address) PO Box 1528, Hutchinson, KS 67504-1528 (Current mailing address) Name: Corporation Service Company 1201 Hays Street Tallahassee , Florida (City) Registered agent's acceptance:						ation	Lowen Corpora
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1111 Airport Rd, Hutchinson, KS 67501 (Principal office address) PO Box 1528, Hutchinson, KS 67504-1528 (Current mailing address) Name: Corporation Service Company 1201 Hays Street Tallahassee , Florida (City) (FEI number, if applicable) (FEI number, if applicable) (FEI number, if applicable) (FEI number, if applicable) (FEI number, if applicable) (FEI number, if applicable) (FEI number, if applicable) (FEI number, if applicable) (Perpetual (Duration: Year corp. will cease to exist or "perpetual description." (Principal office address) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1111 Airport Rd, Hutchinson, KS 67504-1528 (Current mailing address)			TION,"	COMPANY," "CORPORAT	ED," "CC	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	(Enter name of c "Inc.," "Co.," "C
(State or country under the law of which it is incorporated) 6/26/1984 (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1111 Airport Rd, Hutchinson, KS 67501 (Principal office address) PO Box 1528, Hutchinson, KS 67504-1528 (Current mailing address) Name: Corporation Service Company 1201 Hays Street Tallahassee , Florida (City) (FEI number, if applicable) (Prepetual (Duration: Year corp. will cease to exist or "perpetual design of perpetual d		s in Florida)	sacting busines	opted for the purpose of transa	me adopte	able in Florida, enter alternate corporate nam	(If name unavaile
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(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual 1/01/2010 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1111 Airport Rd, Hutchinson, KS 67501 (Principal office address) PO Box 1528, Hutchinson, KS 67504-1528 (Current mailing address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company 1201 Hays Street Tallahassee , Florida (City) (City) (Duration: Year corp. will cease to exist or "perpetual registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1111 Airport Rd, Hutchinson, KS 67504 (Principal office address)			if applicable)		, Dern	• ,	•
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(Current mailing address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company 1201 Hays Street Tallahassee , Florida (City) (City) (City) Current mailing address) A D D D D D D D D D D D D D D D D D D				;)	address)	(Principal office ac	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company 1201 Hays Street Tallahassee , Florida (City) (Zip code)		 	 	·)	address)		
Office Address: Tallahassee , Florida (Zip code)	1 1 2 2 2	15 APR >		Box <u>NOT</u> acceptable)	(P.O. Bo		
(City) (Zip code)	9 (T	© 20 P				1201 Hays Street	ice Address:
(City) (Zip code) gu;::: ►		12:3		, Florida			
Redistered agent's acceptance	2	2	 !	(Zip code)		(City)	
Idving been named as registered agent and to accept service of process for the above stated corporation at the estimated in this application, I hereby accept the appointment as registered agent and agree to act in this court agree to comply with the provisions of all statutes relative to the proper and complete performance of uties, and I am familiar with and accept the obligations of my position as registered agent. Corporation Service Company By:	apacity.	in this cape	l agree to act implete perfoi	it as registered agent and divive to the proper and com	intment d es relativ	ed as registered agent and to accept ser application, I hereby accept the appoin omply with the provisions of all statutes amiliar with and accept the obligations. Corporation Service Company	ving been name ignated in this ther agree to co les, and I am fo
(Registered agent's signature)				ture)	's signatur	- William I	

10. 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.

11. Nam	nes and business addresses of officers and/or directors:					
A. DIRI	ECTORS					
Chairman						
Address:	PO Box 2286, Hutchinson, KS 67504-2286					
Vice Chai						
	irman:					
Address:						
Director:	Ann L Brown					
	PO Box 1528, Hutchinson KS 67504-1528					
radioss.						
Director:	John Swearer Diane Lee					
Address:	PO Box 1907, Hutchinson, KS 67504-1907 PO Box 2289, Hutchinson, KS 67504-2289					
B. OFF	ICERS Matt T. Lowen					
	PO Box 2286, Hutchinson KS 67504-2286					
714474551						
Vice Pres	ident:					
Audiess.						
Secretary	Rosa Fast					
Address:	PO Box 1528, Hutchinson, KS 67504-1528					
Treasurer	Linda i Daniels					
Address:	PO Box 1528, Hutchinson, KS, 67504-1528					
	If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer					
TI ~~	Signature of Director or Officer					
are true a	cer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes egree felony as provided for in s.817.155, F.S.					
	Linda L. Daniels, Treasurer					

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **LOWEN CORPORATION**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 26, 1984, and is in good standing in this state.

AL OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 9, 2015.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20150309-0475
You may verify this electronic certificate
online at http://www.nvsos.gov/