

F15000002973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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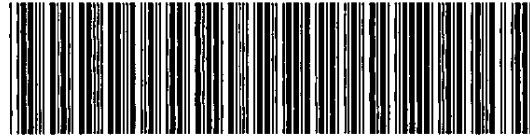
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
T. L. HARRIS, JR.
T. L. HARRIS, JR.

JUL 08 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations
CONNER ATHLETIC PRODUCTS, INC.

SUBJECT: _____
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:
ACCOUNTING DEPARTMENT

Name of Person
CONNER ATHLETIC PRODUCTS, INC.

Firm/Company
900 EAST HIGHWAY 30; P.O. BOX 348

Address
JEFFERSON, IOWA 50129

City/State and Zip code
ACCOUNTING@POWER-LIFT.COM

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

For further information concerning this matter, please call:

ACCOUNTING DEPARTMENT 515 386-3717

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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.*

CONNER ATHLETIC PRODUCTS, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

POWER LIFT

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
IOWA 42-1502491

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
03/27/2000

4. _____ 5. perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
01/01/2015

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
900 EAST HIGHWAY 30; JEFFERSON, IOWA 50129

7. _____
(Principal office address)
PO BOX 348; JEFFERSON, IOWA 50129

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
REGISTERED AGENT SOLUTIONS, INC.

Name:

155 OFFICE PLAZA DR.

Office Address:

SUITE A

TALLAHASSEE

32301

(City)

, Florida

(Zip code)

9. 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 Solutions, Inc.

By: Richard P. Danica (Richard P. Danica - Assist. Sec.)
(Registered agent's signature)

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.

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

JEFF CONNER

Chairman: _____

4659 PANORAMA DRIVE

Address: _____

PANORA, IOWA 50216

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

JEFF CONNER

President: _____

4659 PANORAMA DRIVE

Address: _____

PANORA, IOWA 50216

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____


Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

JEFF CONNER, PRESIDENT

13. _____

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

FILED
JUL - 1 11 5 11
IOWA DEPARTMENT OF STATE
DES MOINES, IOWA

6/16/2015

Certificate of Standing

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Date: 6/16/2015

Name: CONNER ATHLETIC PRODUCTS, INC. (490 DP - 239109)

Date of Incorporation: 3/27/2000

Duration: PERPETUAL

I, Paul D. Pate, 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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SECRETARY OF STATE
JOHNSON, PAUL D.

Certificate ID: CS109623

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature of Paul D. Pate in black ink.

Paul D. Pate, Iowa Secretary of State