

F15000005610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

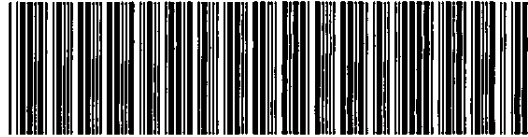
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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

WIS-79726

Office Use Only



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2015 DEC 18 A 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 10, 2015

ALISON HUTCHINGS  
230 CROSSKEYS OFFICE PARK  
FAIRPORT, NY 14450

SUBJECT: MIDWEST, INC.  
Ref. Number: W15000079726

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

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return 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) 245-6051.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 615A00025883

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIDWEST, 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:

Alison Hutchings

Name of Person

Midwest, Inc.

Firm/Company

230 CrossKeys Office Park

Address

Fairport, NY 14450

City/State and Zip code

ahutchings@midwest-fac.com

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

For further information concerning this matter, please call:

Alison Hutchings

585

377-2810 ext. 204

at ( )

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.*

1. MIDWEST, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- midwest Winton, Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. MISSOURI 3. 36-4380840  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MAY 1, 2000 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. DECEMBER 1, 2015  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 230 CROSSKEYS OFFICE PARK, FAIRPORT, NY 14450  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

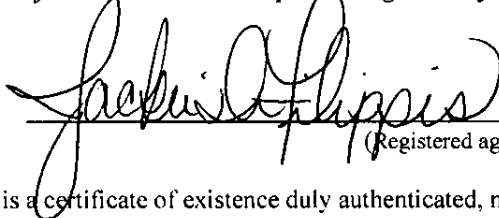
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(City) (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.*



Jackie DeFilippis on behalf of InCorp Services, Inc.

(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: JOSEPH A. LOVENDUSKI

Address: 6300 N. REVERE DRIVE, SUITE 100  
KANSAS CITY, MO 64151

Vice Chairman: N/A

Address:

Director: TIMOTHY P. SHEEHAN

Address: 230 CROSSKEYS OFFICE PARK  
FAIRPORT, NY 14450

Director: MARTIN C. REINHOLD

Address: 6300 N. REVERE DRIVE, SUITE 100  
KANSAS CITY, MO 64151

**B. OFFICERS**

President: TIMOTHY P. SHEEHAN

Address: 230 CROSSKEYS OFFIE PARK  
FAIRPORT, NY 14450

Vice President: MARTIN C. REINHOLD

Address: 6300 N. REVERE DRIVE, SUITE 100  
KANSAS CITY, MO 64151

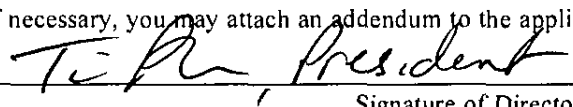
Secretary: JOHN M. HIMMELBERG

Address: 230 CROSSKEYS OFFICE PARK, FAIRPORT, NY 14450

Treasurer: MARTIN C. REINHOLD

Address: 6300 N. REVERE DRIVE, SUITE 100, KANAS CITY, MO 64151

**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.

13. Timothy P. Sheehan, President

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

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SECRETARY OF STATE  
FLORIDA

# STATE OF MISSOURI



**Jason Kander**  
**Secretary of State**

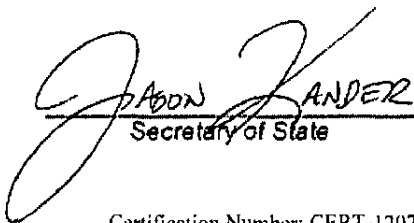
**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

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

**MIDWEST, INC.**  
**00483007**

was created under the laws of this State on the 1st day of May, 2000, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 7th day of December, 2015.

  
Secretary of State



Certification Number: CERT-12072015-0012