

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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Account Number : 104662003400
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Resubmit

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: CSadler@midwesthose.com

FOREIGN PROFIT/NONPROFIT CORPORATION
Mid-West Hose & Specialty Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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SUSAN TAYLOR, CLERK
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December 29, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: MID-WEST ROSE & SPECIALTY, INC.
REF: W15000082797

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

According to section 607.1503, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

Please remove #8 which references the purpose of the corporation, as the form prescribed by our office does not make reference to such information.

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.

Michelle Milligan
Senior Section Administrator

FAX Aud. #: B15000305969
Letter Number: 215A00027101

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CLERK OF THE FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

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**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. Mid-West Hose & Specialty Inc.

(Name of corporation; must include the word "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. Oklahoma

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

3.

(FEI number, if applicable)

4. 06/21/1983

(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. 3312 South I-35 Service Road

(Principal office address)

Oklahoma City, OK 73129

(Current mailing address)

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

Name: Mark Holloway

Office Address: c/o NRAI Services Inc. - 1200 South Pine Island Road

Plantation

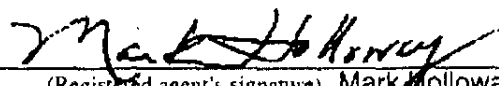
(City)

Florida, 33324

(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's signature) Mark Holloway

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. Names and addresses of officers and/or directors:

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: W Harvey Sparkman

Address: PO Box 96558

Oklahoma City, OK 73143

Vice President: _____

Address: _____

Secretary: Ryan Sparkman

Address: 207 North Geary

Oklahoma City, OK 73104

Treasurer: _____

Address: _____

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

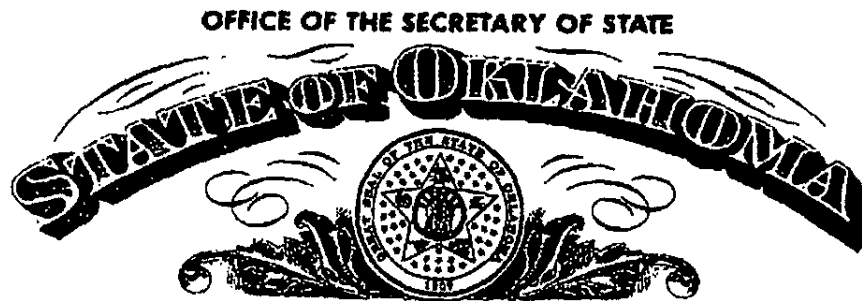
12. 

(Signature of Director or Officer listed in number 12 of the application)

13. W Harvey Sparkman - President

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

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CERTIFICATE OF GOOD STANDING
DOMESTIC FOR PROFIT BUSINESS CORPORATION

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that MID-WEST HOSE & SPECIALTY, INC. whose registered agent is NATIONAL REGISTERED AGENTS INC. with its registered office at 1833 SOUTH MORGAN ROAD OKLAHOMA CITY 73128 USA Oklahoma is a Domestic For Profit Business Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 24th day of December, 2015.



Secretary Of State