

FILED 000000579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16-8839

Office Use Only



800281628678

02/03/16--01021--007 **87.50

FILED

2016 FEB - 8 P 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 09 2016

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2016

ALLYN R. SUMMERS
13225 C.R. 39 SOUTH
LITHIA, FL 33547

SUBJECT: A & R PUMPING/REPAIR SERVICE INC.
Ref. Number: W16000008839

We have received your document for A & R PUMPING/REPAIR SERVICE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

WHEN WITHDRAWAL GOES THROUGH, WILL NEED DELAWARE SHORT FORM GOOD STANDING CERTIFICATE FOR THE CORPORATION.,

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: 516A00002489

COVER LETTER

TO: Registration Section
Division of Corporations
A & R Pumping/Repair Service 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:

Allyn R Summers	Name of Person
<hr/>	
A&R Pumping/Repair Service Inc.	Firm/Company
<hr/>	
13225 C.R. 39 South Lithia Fl 33547	Address
<hr/>	
arpumprepairsvc@aol.com	City/State and Zip code
<hr/>	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Frances Braaksma	813	629-6844
<hr/>		
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.*

A&R Pumping/repair Service Inc.,

1. REPAIR
(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)
DELAWARE 30-0732630

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
JANUARY 22 2016

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

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
13225 C.R.39 SOUTH LITHIA, FLORIDA 33547

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: _____
13225 C.R.39 SOUTH

Office Address: _____
LITHIA 33547
_____, Florida _____
(City) (Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB - 8 P 5:11

FILED

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)

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 business addresses of officers and/or directors:

A. DIRECTORS

-NA-

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

ALLYN R SUMMERS

President: _____

13225 C.R.39 SOUTH LITHIA FLORIDA 33547

Address: _____

Vice President: _____

Address: _____

ALLYN R SUMMERS

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. ✓ Allyn R Summers _____

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.

ALLYN R SUMMERS, PRESIDENT

13. _____

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

FILED
2016 FEB - 8 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "A & R PUMPING/REPAIR SERVICE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF FEBRUARY, A.D. 2016.



5140336 8300

SR# 20160622784

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "JEFFREY W. BULLOCK Secretary of State" is printed.

Authentication: 201789855

Date: 02-05-16