

FILED 00003084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

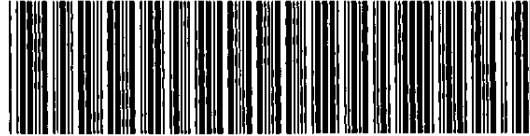
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200287666712

07/11/16--01014--016 **78.75

FILED
TALLAHASSEE, FLORIDA

2016 JUL 11 A 10:22

FILED

JUN 12 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Olsen Chain & Cable, 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:

David Camp

Name of Person

Olsen Chain & Cable, Inc.

Firm/Company

PO Box 970

Address

Cokato, MN 55321

City/State and Zip code

Rachel.Wagner@OlsenChain.com

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

For further information concerning this matter, please call:

David Camp

952

516-7654

at (

_____) Area Code

Daytime Telephone Number

Name of Person

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

FILED
2016 JUL 11 A 10:22
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

**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. Olsen Chain & Cable, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Olsen Chain, Inc.

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

2. Minnesota 3. 41-0965191
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/01/1967 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 7/15/16
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7225 Washington Ave S, Minneapolis, MN 55439
(Principal office address)

PO Box 970, Cokato, MN 55321
(Current mailing address, if different)

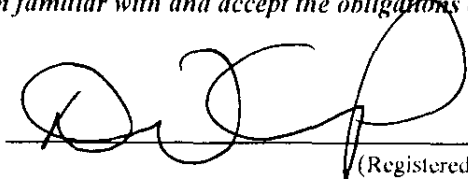
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: David Camp

Office Address: 2901 Brooks St
Lakeland, Florida 33803-7380
(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.


(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.

FILED
2016 JUL 11 A 10:22
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Cathy Camp

Address: 1501 Newcomb Ave NW

Cokato, MN 55321

Vice President: David Camp

Address: 1501 Newcomb Ave NW

Cokato, MN 55321

Secretary: Cathy Camp

Address: 1501 Newcomb Ave NW, Cokato, MN 55321

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.

13. David Camp, Vice President

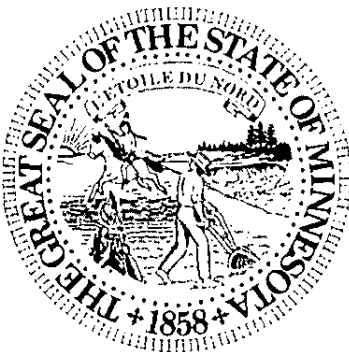
(Typed or printed name and capacity of person signing application)

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

| | |
|------------------------------|---------------------------|
| Name: | Olsen Chain & Cable, Inc. |
| Date Filed: | 05/18/1962 |
| File Number: | 1B-896 |
| Minnesota Statutes, Chapter: | 302A |
| Home Jurisdiction: | Minnesota |

This certificate has been issued on: 07/06/2016



Steve Simon

Steve Simon
Secretary of State
State of Minnesota