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SECRETARY OF STATE
TAMUCC, FLORIDA

S Warren

SEP 08 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Todd & Sargent, 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:

Cindy Kennedy

Name of Person

Todd & Sargent, Inc.

Firm/Company

2905 SE 5th Street

Address

Ames, IA 50010

City/State and Zip code

ckennedy@tsargent.com

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

For further information concerning this matter, please call:

Cindy Kennedy

515

956-4836

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. Todd & Sargent, Inc.
(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)
2. Iowa 3. 42-1432171
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1/1/1995 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)
7. 2905 SE 5th Street, Ames, IA 50010
(Principal office address)
- _____
(Current mailing address, if different)

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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2008 SEP -5 P 12:43
CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

Michele Holden

Michele Holden, Asst. Secretary

(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

Chairman: Lee Sargent

Address: 2905 SE 5th Street
Ames, IA 50010

Vice Chairman: Philip Sargent

Address: 2905 SE 5th Street
Ames, IA 50010

Director:

Address:

Director:

Address:

B. OFFICERS

President: William Bokhoven

Address: 2905 SE 5th Street
Ames, IA 50010

Vice President: Jonathan Sargent

Address: 2905 SE 5th Street
Ames, IA 50010

Secretary: Jerry Murphy

Address: 2905 SE 5th Street, Ames, IA 50010

Treasurer: Jerry Murphy

Address: 2905 SE 5th Street, Ames, IA 50010

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. Lee Sargent, CEO

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

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2016-02-16 P 12:43
SECRETARY OF STATE
CLARK COUNTY, FLORIDA

IOWA

SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

Date: 8/24/2016

Name: TODD & SARGENT, INC. (490 DP - 181066)

Date of Incorporation: 1/1/1995

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.



A handwritten signature in cursive script that reads "Paul D. Pate".

PAUL D. PATE SECRETARY OF STATE



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