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### **COVER LETTER**

то:	O: Registration Section Division of Corporations					
CHIDI	Mid-South Steam Boiler And Enginee	ring Co., I	nc.			
SUBJ		ration - m	ust include suffix			
Dear S	ir or Madam:					
"Certi	closed "Application by Foreign Corporation of Existence," or "Certificate of Goo referenced foreign corporation to transact to	d Standin	g" and check are sub			
Please	return all correspondence concerning this	matter to	the following:			
Conni	Mullen					
	Nar	ne of Pers	son			
Mid-S	outh Steam Boiler And Engineering Co., Inc.					
	Firn	ı/Compan	у			
3805 F	ointer Trail East					
		Address				
Van B	uren, AR 72956					
	City/S	tate and 2	Cip code			
connie	.mullen@midsouthboiler.com					
-	E-mail address: (to be	used for f	uture annual report i	notification)		
For fu	rther information concerning this matter, pl	ease call:				
Connie Mullen 479 471-1468 at ( )		471-1468				
•		a Code	Daytime Telep	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	0.00 Filing Fee		78.75 Filing Fee & ertified 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.

Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: National Registered Agents, Inc.	(State of country under the law of which it is incorporated)  (PEI number, if applicable)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida; if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)  3805 Pointer Trail East, Van Buren, AR 72956  (Principal office address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: National Registered Agents, Inc.
(Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607,1502, F.S., to determine penalty liability)  3805 Pointer Trail East, Van Buren, AR 72956  (Principal office address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: National Registered Agents, Inc.	(Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)  3805 Pointer Trail East, Van Buren, AR 72956  (Principal office address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: National Registered Agents, Inc.
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ffice Address: 1200 South Pine Island Road	ffice Address: 1200 South Pine Island Road
Plantation Florida 33324	(City) (Zip code)
(City) (Zip code)	
aving been named as registered agent and to accept service of process for the above stated corporation at the p esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capac	esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity orther agree to comply with the provisions of all statutes relative to the proper and complete performance of my
Plantation , Florida 33324 (City) (Zip code)	Registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated corporation at

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:	FILE		
A. DIRECTORS	2017 JAN-3 PM 3: 52		
Chairman: David J. Mille	JAN -3 PM		
3805 Pointer Trail East Address:	TALLAHASSEE, FLORE		
Van Buren, AR 72956	MASSEE, FLORIDA		
Vice Chairman:			
Address:			
Director:			
Address:			
	•		
Director:			
Address:			
B. OFFICERS			
David J. Mille President:			
3805 Pointer Trail East Address:			
Van Buren, AR 72956			
Thomas G. Gill, VP COO Vice President:			
3805 Pointer Trial East Address:			
Van Buren, AR 72956			
Connie Mullen, VP Controler Secretary:			
3805 Pointer Trail East, Van Buren, AR 72956 Address:			
Connie Mullen, VP Controller Treasurer:			
3805 Pointer Trail East, Van Buren, AR 72956 Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional	al officers and/or directors.		
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) are true and that he or she is aware that false information submitted in a document to a third degree felony as provided for in s.817.155, F.S.  Coppie Muller, VP Controller			
(Typed or printed name and capacity of person signing applic	eation)		



## **Certificate of Good Standing**

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

### MID-SOUTH STEAM BOILER AND ENGINEERING CO., INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office September 30, 1981.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 2nd day of December 2016.

Mark Martin

Mark Martin

Secretary of State Online Certificate Authorization Code: c5c30e4b76ccdc5

To verify the Authorization Code, visit sos.arkansas.gov