

F17 0000000379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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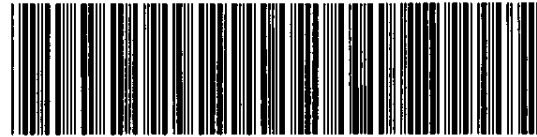
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Office:



600294552396

FILED

2017 JAN 25 A 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

JAN 26 2017

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 475432 8117279

AUTHORIZATION : *[Signature]*

COST LIMIT : \$78.75

ORDER DATE : January 23, 2017

ORDER TIME : 3:0 PM

ORDER NO. : 475432-030

CUSTOMER NO: 8117279

FOREIGN FILINGS

NAME: NEDERVELD, INC.

XXXX QUALIFICATION (TYPE: CQ)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nederveld, 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:

	Name of Person
Corporation Service Company	
	Firm/Company
2711 Centerville Road, STE 400	
	Address
Wilmington, DE 19808	
	City/State and Zip code
info@cscglobal.com	
	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ellen Beidler	at ( 616 )	575-5190
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:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. Nederveld, 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. Michigan 3. 38-2226643  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/25/1978 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
upon filing  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 217 Grandville Avenue SW, Suite 302, Grand Rapids, MI 49503  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(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.*

Corporation Service Company

By:   
(Registered agent's signature)

Courtney Williams  
Asst. Vice President

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**  
2011 JUN 25 A 11:28  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \*SEE ATTACHED\*

Address: \_\_\_\_\_

Director: \*SEE ATTACHED\*

Address: \_\_\_\_\_

Director: \*SEE ATTACHED\*

Address: \_\_\_\_\_

**B. OFFICERS**

President: \*SEE ATTACHED\*

Address: \_\_\_\_\_

Vice President: \*SEE ATTACHED\*

Address: \_\_\_\_\_

Secretary: \*SEE ATTACHED\*

Address: \_\_\_\_\_

Treasurer: \*SEE ATTACHED\*

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. Gregory Raad, Treasurer

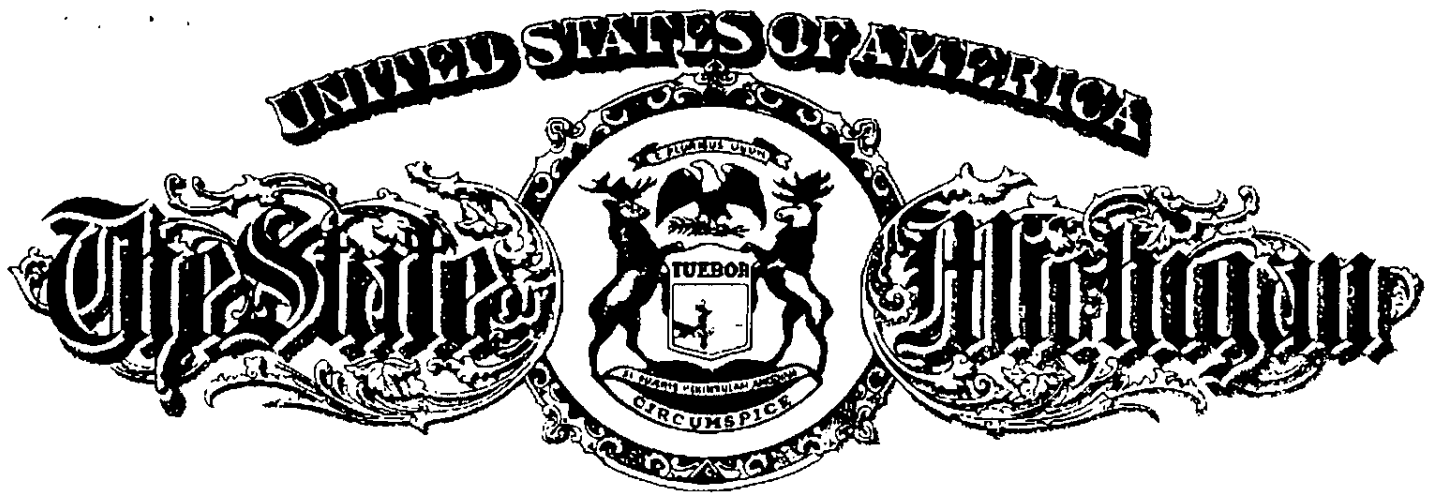
(Typed or printed name and capacity of person signing application)

FILED  
2017 JAN 25 A 11:28  
SECRETARY OF STATE  
TAMPA, FLORIDA

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone</u>
Bruce Wiers	President	217 Grandville Avenue, Suite 302, Grand Rapids, MI	616-575-5190
Randal Vugteveen	Vice President, Secretary	217 Grandville Avenue, Suite 302, Grand Rapids, MI	616-575-5190
Gregory Raad	Treasurer	217 Grandville Avenue, Suite 302, Grand Rapids, MI	616-575-5190
David Weaver	Director	217 Grandville Avenue, Suite 302, Grand Rapids, MI	616-575-5190
Roger Barr	Director	217 Grandville Avenue, Suite 302, Grand Rapids, MI	616-575-5190

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Department of Licensing and Regulatory Affairs

Lansing, Michigan

*This is to Certify That*

**NEDERVELD, INC.**

*was validly incorporated on October 25, 1978, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.*

*This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.*



Sent by Facsimile Transmission  
1429751

*In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 24th day of January, 2017.*

*Julia Dale*

Julia Dale, Director  
Corporations, Securities & Commercial Licensing Bureau