

5/23/2017

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

# F17000002354

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(((H17000140708 3)))



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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA00000023  
 Phone : (512)418-6949  
 Fax Number : (954)208-0845

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

## FOREIGN PROFIT/NONPROFIT CORPORATION

### Viking Automatic Sprinkler Company

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$70.00

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Corporate Filing Menu

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MAY 24 2017  
**J. HARRIS**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Viking Automatic Sprinkler Company

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:

Bryan Kuha

Name of Person

Viking Automatic Sprinkler Company

Firm/Company

301 York Ave

Address

St Paul, MN 55130

City/State and Zip code

bryan.kuha@vikingsprinkler.us

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

For further information concerning this matter, please call:

Bryan Kuha

Name of Person

at ( 651 ) 558-3216

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. Viking Automatic Sprinkler Company

(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. Minnesota 3. 41-0593860  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/06/1924 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. 301 York Avenue, St. Paul, MN 55130  
(Principal office address)

same  
(Current mailing address, if different)

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

Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

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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.*

C.T. Corporation System

By: \_\_\_\_\_

Jeanne Nelson  
(Registered agent's signature)

Jeanne Nelson  
Assistant Secretary

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 SEE ATTACHMENT**

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

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

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS SEE ATTACHMENT**

President: Andrew S. McCleery

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

Vice President: \_\_\_\_\_

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

Secretary: Thomas A. Lydon

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

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. Bryan Kuha, Assistant Treasurer

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

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**Attachment to Florida  
Officers & Directors**

- 1 Full Name: Lee R. Anderson  
Officer/Director: Officer  
Officer's Title: Chairman of the Board  
Director's Title:  
Business Address: 1100 Old Hwy 8 NW  
City: New Brighton  
State: MN  
ZIP Code: 55112
- 2 Full Name: Scott Hatfield  
Officer/Director: Officer  
Officer's Title: Assistant Treasurer  
Director's Title:  
Business Address: 1100 Old Hwy 8 NW  
City: New Brighton  
State: MN  
ZIP Code: 55112
- 3 Full Name: Bryan L. Kuha  
Officer/Director: Officer  
Officer's Title: Assistant Secretary  
Director's Title:  
Business Address:  
City:  
State:  
ZIP Code:
- 4 Full Name: Bryan L. Kuha  
Officer/Director: Officer  
Officer's Title: Assistant Treasurer  
Director's Title:  
Business Address:  
City:  
State:  
ZIP Code:
- 5 Full Name: Andrew S. McCleery

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	Officer/Director:	Officer
	Officer's Title:	Chief Executive Officer
	Director's Title:	
	Business Address:	
	City:	
	State:	
	ZIP Code:	
6	Full Name:	Mark Polovitz
	Officer/Director:	Officer
	Officer's Title:	Assistant Treasurer
	Director's Title:	
	Business Address:	
	City:	
	State:	
	ZIP Code:	
7	Full Name:	Thomas A. Lydon
	Officer/Director:	Officer
	Officer's Title:	Chief Financial Officer and Treasurer
	Director's Title:	
	Business Address:	
	City:	
	State:	
	ZIP Code:	
8	Full Name:	Russell A. Becker
	Officer/Director:	Officer
	Officer's Title:	Director
	Director's Title:	
	Business Address:	1100 Old Hwy 8 NW
	City:	New Brighton
	State:	MN
	ZIP Code:	55112
9	Full Name:	Lee R. Anderson
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director

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Business Address: 1100 Old Hwy 8 NW  
City: New Brighton  
State: MN  
ZIP Code: 55112

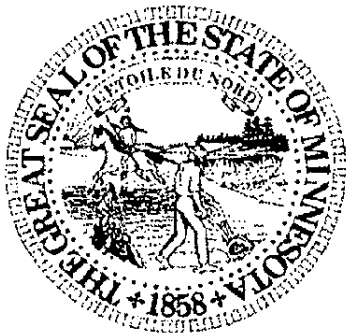
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**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

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:	VIKING AUTOMATIC SPRINKLER COMPANY
Date Filed:	12/06/1924
File Number:	123-AA
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 05/23/2017



*Steve Simon*

Steve Simon  
Secretary of State  
State of Minnesota