

F18000001545

(Requestor's Name)

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(Business Entity Name)

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Special Instructions to Filing Officer:

W18-24272

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18 MAR 30 AM 9:49
TAMPA FL 33602

Y SULKER

APR 02 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2018

JAMES MATMIEU ESQ
7710 GRAND BLVD
PORT RICHEY, FL 34668

SUBJECT: LAMSON CORPORATION, INC.
Ref. Number: W18000024272

We have received your document for LAMSON CORPORATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

You need to put alternate name on second line if you want to use "L.LAMSON CORPORATION, INC." as alternate name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 318A00005806

~~AD~~
Enclosed

RECEIVED
2018 MAR 30 AM 11:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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. LAMSON CORPORATION, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

L. LAMSON CORPORATION, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. KANSAS 3. 48-1207734
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07-30-1998 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. 831 S. OLIVER, WICHITA, KS 67218
(Principal office address)

306 DRIFTWOOD DR West, PALM HARBOR, FL. 34683
(Current mailing address, if different)

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

Name: LAURENCE L. LAMSON

Office Address: 306 DRIFTWOOD DR. West
PALM HARBOR, Florida 34683
(City) (Zip code)

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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.

X _____
(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: LAURENCE L. LAMSON

Address: 306 DRIFTWOOD DR West
PALM HARBOR, FL. 34683

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: LAURENCE L. LAMSON

Address: 306 DRIFTWOOD DR. West
PALM HARBOR, FL. 34683

Vice President: _____

Address: _____

Secretary: _____

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. _____

LAURENCE L. LAMSON, PRESIDENT

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

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 2634905

Entity Name: LAMSON CORPORATION, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: LAURENCE L. LAMSON

Registered Office: 831 S. OLIVER, WICHITA, KS 67218

was filed in this office on July 30, 1998, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

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18 MAR 30 AM 9:49
OFFICE OF THE SECRETARY OF STATE
TOPEKA, KANSAS



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of March 07, 2018

KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 1037974 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.