

F18000002645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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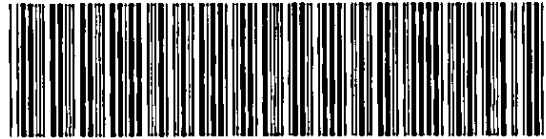
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 JUN -5 PM 4:00

JCS
6-5-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE STEEL LINE 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:

CRAIG GREGORY

Name of Person

THE STEEL LINE COMPANY

Firm/Company

PO Box 1114

Address

ST. AUGUSTINE, FL 32085

City/State and Zip code

CRAIG@POSTALFLEETSUS.COM

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

For further information concerning this matter, please call:

CRAIG GREGORY

Name of Person

at (904)

Area Code

824-2007

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. THE STAGELINE 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. IOWA 3. 42-1154201
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/13/1980 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 5/31/2018
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2808 5th STREET NORTH #504 ST. AUGUSTINE, FL 32084
(Principal office address)

PO Box 1114 ST. AUGUSTINE, FL 32085
(Current mailing address, if different)

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

Name: LESLIE DON DORRIS

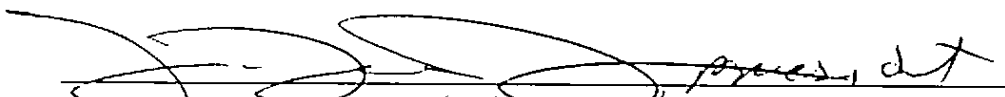
Office Address: 2808 5th STREET NORTH #504

ST. AUGUSTINE, Florida 32084
(City) (Zip code)

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TALLAHASSEE, FLORIDA
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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.


(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: LESLIE DON DORRIS

Address: PO BOX 1114
ST. AUGUSTINE, FL 32085

Vice Chairman: BRENDA DORRIS

Address: ST. AUGUSTINE, FL 32085

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: LESLIE DON DORRIS

Address: PO BOX 1114
ST AUGUSTINE, FL 32085

Vice President: BRENDA DORRIS

Address: PO BOX 1114
ST. AUGUSTINE, FL 32085

Secretary: LESLIE DON DORRIS


Address: _____

Treasurer: CRAIG GREGORY

Address: 656 GRAND PALLE DR ST. JOHNS, FL 32259

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TALLAHASSEE FLORIDA
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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. CRAIG GREGORY - CFO, TREASURER

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

5/31/2018

Certificate of Standing

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Date: 5/31/2018

Name: THE STAGELINE COMPANY (490 DP - 38483)

Date of Incorporation: 8/13/1980

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.

Certificate ID: **CS150753**

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature in black ink, reading "Paul D. Pate". The signature is stylized with a large, flowing "P" and "D".

Paul D. Pate, Iowa Secretary of State