Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

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

Email Address:

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## FOREIGN PROFIT/NONPROFIT CORPORATION

Industrial Maintenance of Topeka, Inc.

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\$78.75

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## 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.

(If name unavails	ble in Florida, enter alternate corporate name adop	nted for the purpose of transacting busi	ness in Flor
Kanene	_		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicab	le)
07/29/1988			
(Date	of incorporation)	(Date of duration, if other than p	erpetual)
4501 NW US Highway 24, Topcka, KS 66618  (Principal office address)		ffice address)	·  -:
······································	(Current mailing a	ddress, if different)	33
Name and stres	et address of Florida registered agent: (P.O. B	Box NOT acceptable)	シ の
Name:	C T Corporation System	<del></del>	77 (-)
ffice Address:	1200 South Pine Island Road	<del>_</del>	
	Plantation	, 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.

By: 1 Danny Verdecchia

Registered agent's signature)

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.

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11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	<del></del>
Address:	
Director:	
Address:	
	; >
Director:	- 1
Address:	1.5
Aduress:	۵)
B. OFFICERS	<رَ
Todd Harrington	<u></u>
4501 NW US Highway 24, Toneka, KS 66618	
Address:	
Vice President: Todd Harrington	
Vice President:  4501 NW US Highway 24, Topeka, KS 66618  Address:	
Address:	
Todd Harrington	
Secretary: 4501 NW US Highway 24, Topcka, KS 66618	
Address:	
Treasurer:  4501 NW US Highway 24, Topeka, KS 66618	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	d∕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 are true and that he or she is aware that false information submitted in a document to the Department at third degree felony as provided for in s.817.155, F.S.	ne facts stated herein int of State constitutes
13. Todd Harrington - President	

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

## 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 1D Number: 1646066

Entity Name: INDUSTRIAL MAINTENANCE OF TOPEKA, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: Bryan Wayne Smith

Registered Office: 5930 SW 29th St Suite 200, TOPEKA, KS 66614

was filed in this office on July 29, 1988, 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.



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 July 12, 2018

KRIS W. KOBACH SECRETARY OF STATE

Kus W Roback

Certificate ID: 1071378 - To verify the validity of this certificate please visit <a href="https://www.kansas.gov/bess/flow/validate">https://www.kansas.gov/bess/flow/validate</a> and enter the certificate ID number.