

F18000003942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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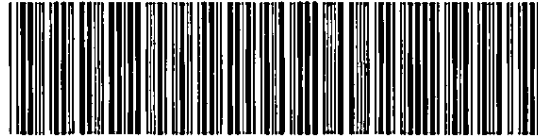
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

AUG 27 2018
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WOLFE ELECTRIC, 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:

TIM J. MOORE

Name of Person

MOORE LAW OFFICES

Firm/Company

P.O. BOX 8042

Address

WICHITA, KANSAS 67208

City/State and Zip code

timmooremail@cox.net

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

For further information concerning this matter, please call:

TIM J. MOORE

at (316) 259-9090

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:

- ☐ \$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. WOLFE ELECTRIC, 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. KANSAS

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. JUNE 14, 2010

(Date of incorporation)

5. _____

(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. 7761 E. KELLOGG, WICHITA, KS 67209

(Principal office address)

P.O. BOX 9090, WICHITA, KANSAS 67277

(Current mailing address, if different)

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

Name: NRAI SERVICES, INC.

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION

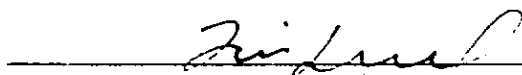
(City)

. Florida 33324

(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.



(Registered agent's signature)

TINA LIPKO, VP

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: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: RONALD D. WOLFE

Address: P.O. BOX 9090

WICHITA, KANSAS 67277

Vice President: RONALD D. WOLFE

Address: P.O. BOX 9090

WICHITA, KANSAS 67277

Secretary: RONALD D. WOLFE

Address: P.O. BOX 9090, WICHITA, KS 67277

Treasurer: RONALD D. WOLFE

Address: P.O. BOX 9090, WICHITA, KS 67277

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. RONALD D. WOLFE

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

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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: 2434546

Entity Name: WOLFE ELECTRIC, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

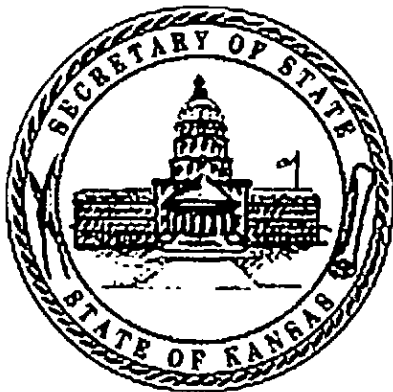
State of Organization: KS

Resident Agent: RONALD D. WOLFE

Registered Office: 3715 E. DOUGLAS, WICHITA, KS 67218

was filed in this office on January 02, 1997, 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 August 13, 2018

KRIS W. KOBACH
SECRETARY OF STATE

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Certificate ID: 1077458 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.