

F18000005648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

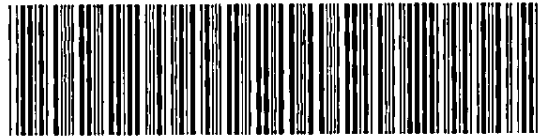
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 DEC - 7 AM 2:39
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FBI

K. SALY

DEC 10 2018

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 12/3/2018

Acc#I20160000072

mic DW

Name:	WATERCO OF THE CENTRAL STATES, INC.
Document #:	
Order #:	11275916 line 6

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 78.75



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WATERCO OF THE CENTRAL STATES, 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:

MICHELLE BAYER

Name of Person

CULLIGAN INTERNATIONAL

Firm/Company

9399 W. HIGGINS ROAD, SUITE 1100

Address

ROSEMONT, IL 60018

City/State and Zip code

MICHELLE.BAYER@CULLIGAN.COM

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

For further information concerning this matter, please call:

MICHELLE BAYER

847

430-1325

at ()

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

FLORIDA ATTACHMENT TO THE DISSOLUTION AND QUALIFICATION OF
WATERCO OF THE CENTRAL STATES, INC.

FILED
18 DEC -7 AM 2:40
TALLAHASSEE, FLORIDA

WATERCO OF THE CENTRAL STATES, INC. was accidently formed, instead of qualified, in Florida on June 2, 2016 (see attached Articles of Incorporation). WATERCO OF THE CENTRAL STATES, INC. is a Delaware domestic entity formed in Delaware on October 14, 2011 (see attached Delaware Certificate of Incorporation along with a DE Good Standing Certificate). The entity is submitting the attached to correct this error and qualify in the State of Florida instead of being formed in the State and all filings in connection therewith have been approved by the Shareholders and/or Directors of the entity as may be required by its Bylaws and Charter.


John Capone, COO & Secretary

**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. WATERCO OF THE CENTRAL STATES, 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)

DELAWARE

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FBI number, if applicable)

10/14/2011

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. June 2, 2016 - see attached (P16000048694)
(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9399 W. Higgins Road, Suite 1100 ROSEMONT, IL 60018
(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

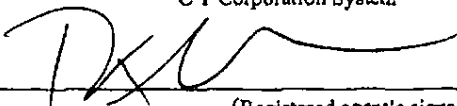
Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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: 
(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.

FILED
18 DEC -7 AM 2:40
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Donald A. Fuller

Address: 1920 S. Highland Ave #113 Lombard IL 60148

Vice Chairman: _____

Address: _____

Director: John M. Capone

Address: 1920 S. Highland Ave #113 Lombard IL 60148

Director: Lawrence S. Holzman

Address: 9399 W. Higgins Road, Suite 1100

Rosemont, IL 60018

B. OFFICERS

President: Donald A. Fuller

Address: 1920 S. Highland Ave #113 Lombard IL 60148

Vice President: _____

Address: _____

Secretary: John M. Capone

Address: 1920 S. Highland Ave #113 Lombard IL 60148

Treasurer: Controller - Amy Ozols

Address: 1920 S. Highland Ave #113 Lombard IL 60148

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. John M. Capone, Secretary

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "WATERCO OF THE CENTRAL STATES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE FOURTEENTH DAY OF OCTOBER, A.D. 2011, AT 3:24 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED
18 DEC -7 AM 2:41
STATE OF DELAWARE
JALANCO, LINDA



5052203 8315

SR# 20187656393

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK".

Jeffrey W. Bullock, Secretary of State

Authentication: 203906379

Date: 11-15-18