

PA00000114S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

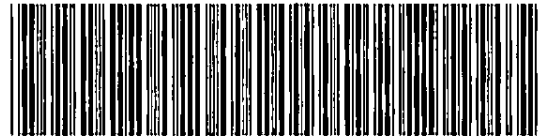
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAR -8 PM 10:01
TALLAHASSEE, FLORIDA

FILED

3/11/19 QS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2019

CONNIE MCDONALD
3330 GILMORE INDUSTRIAL BLVD
LOUISVILLE, KY 40213

SUBJECT: VULCAN FIRE SYSTEMS, INC.
Ref. Number: W19000019121

2019 MAR - 8 PM 10:01
TALLAHASSEE, FLORIDA

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We have received your document for VULCAN FIRE SYSTEMS, 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):

Page 1 of 2 is missing.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 219A00004052

2019 MAR - 3 PM 12:33

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vulcan Fire Systems, 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:
Connie McDonald

Name of Person

Vulcan Fire Systems, Inc.

Firm/Company

3330 Gilmore Industrial Blvd

Address

Louisville, KY 40213

City/State and Zip code

connie@vulcanfiresystems.com

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

For further information concerning this matter, please call:

Connie McDonald

502

968-7714

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:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

Vulcan Fire Systems, Incorporated

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Vulcan Fire

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Kentucky

61-1057957

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

8/25/1984

4. _____ 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)

3330 Gilmore Industrial Blvd., Louisville, KY 40213

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: CSC

Office Address: 1201 Hays Street

Tallahassee

32301

(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.

Aleyna Smith

(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: Roger W Pottlitzer

Address: 7308 Creekview Court

Louisville, KY 40228

Vice Chairman: N/A

Address:

Director: Brian T Pottlitzer

Address: 209 McCready Avenue

Louisville, KY 40206

Director: Sherry L Pottlitzer

Address: 7308 Creekview Court

Louisville, KY 40228

B. OFFICERS

President: Brian T Pottlitzer

Address: 209 McCready Avenue

Louisville, KY 40206

Vice President: N/A

Address:

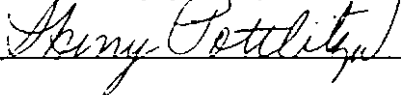
Secretary: Sherry L Pottlitzer

Address: 7308 Creekview Court, Louisville, KY 40228

Treasurer: Sherry L Pottlitzer

Address: 7308 Creekview Court, Louisville, KY 40228

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. Sherry L Pottlitzer, Secretary/Treasurer

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

FILED
2018 MAR -8 PM 10:01
TALLAHASSEE, FLORIDA

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 209130
Visit <https://sos.ky.gov/fetchdoc/certificates.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

VULCAN FIRE SYSTEMS, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is September 28, 1984 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 14th day of November, 2018, in the 27th year of the Commonwealth.



Alison Lundergan Grimes
Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
209130/0194005

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TALLAHASSEE, FLORIDA