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To:

Division of Corporations

Fax Number : (850)617-6383

From:

6.7

Account Name : C T CORPORATION SYSTEM

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

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

Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION

Preston Refrigeration Company, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Corporate Filing Menu

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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.

	rporation: must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"
	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
Kansus	3.	48-0694325
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
12/29/1964	5.	Perpetual
(Date	of incorporation)	(Date of duration, if other than perpetual)
Upon Filing	,	
6100 Stilwell Stro	et,Kansas City, Missouri 64120	502, F.S., to determine penalty liability) ipal office address)
	(Current mail	ing address, if different)
 Name and <u>stres</u> Name: 	et address of Florida registered agent: (P. C T Corporation System	O. Box NOT acceptable)
Office Address:	1200 South Pine Island Road	
	Plantation,	33324
		, Florida (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.

By:	CT Corporation System LINENCA CICCLE	Jessica Hale, Asst. Secretary
	(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:

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A. DIRECTORS

Chairman:
Address:
Vice Chairman:
Address:
Joseph Guevel Director:
6100 Stilwell Street.Kansas City, Missouri 64120 Address:
Brian Schnepf Director:
6100 Stilwell Street, Kansas City, Missouri 64120
Address:
B. OFFICERS
Brian Schnepf President:
6100 Stilwell Street, Kansas City, Missouri 64120 Address:
Address.
Vice President:
Address:
Address:
Chris Smieker Secretary:
6100 Stilwell Street, Kansas City, Missouri 64120 Address:
Joseph Guevel
Treasurer: 6100 Stilwell Street, Kansas City, Missouri 64120 Address:
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. Joseph Guevel, CFO (Typed or printed name and capacity of person signing application)

3/12/2021

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https://www.kansas.gov/bess/flow/main?execution=e2s1

STATE OF KANSAS OFFICE OF SECRETARY OF STATE SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 0115899

Entity Name: PRESTON REFRIGERATION COMPANY, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

was filed in this office on December 29, 1964, 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 March 12, 2021

SCOTT SCHWAB SECRETARY OF STATE

Certificate ID: 1168912 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.