

5/29/24, 3:13 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Section - 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
 Phone : (614)280-3338
 Fax Number : (614)573-3996

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

Email Address: TMITCHELL@MIDWESTSPRINKLER.COM

**FOREIGN PROFIT/NONPROFIT CORPORATION
 MIDWEST SPRINKLER CORPORATION**

Certificate of Status	0
Certified Copy	1
Page Count	04
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MAY 29 PM 3:34

DEPT. OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

STATE OF FLORIDA
 TALLAHASSEE, FL

2024 MAY 29 PM 6:57

FILED

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. Midwest Sprinkler Corporation
(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. Kentucky 3. 61-1186333
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9-12-1990 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 05/28/2024
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1420 S. Jackson Street, Louisville, KY 40208
(Principal office street address)

(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)

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JACKSONVILLE, FLORIDA
DEPARTMENT OF STATE

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.

Rachel O'Connor, Assistant 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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Jack Canady

Chairman Name: _____

Vice Chairman Address: 1420 S. Jackson Street

Vice Chairman Address: _____

Director Louisville, KY 40208

Director _____

President _____

President _____

Vice President _____

Vice President _____

Secretary Treasurer

Secretary Treasurer

Other _____ Other _____

Other _____ Other _____

Chairman Name: _____

Chairman Name: _____

Vice Chairman Address: _____

Vice Chairman Address: _____

Director _____

Director _____

President _____

President _____

Vice President _____

Vice President _____

Secretary Treasurer

Secretary Treasurer

Other _____ Other _____

Other _____ Other _____

Chairman Name: _____

Chairman Name: _____

Vice Chairman Address: _____

Vice Chairman Address: _____

Director _____

Director _____

President _____

President _____

Vice President _____

Vice President _____

Secretary Treasurer

Secretary Treasurer

Other _____ Other _____

Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Jack Canady
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.

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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

Certificate of Existence

Authentication number: 312294

Visit <https://web.sos.ky.gov/fts/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

MIDWEST SPRINKLER CORPORATION

MIDWEST SPRINKLER CORPORATION is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is September 12, 1990 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 28th day of May, 2024, in the 232nd year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
312294/0277243