## M03000002954

ADAPCO Solutions & Technology
2800 SOUTH FINANCIAL COURT SANFORD, FL 32773-8118 U.S.A.
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FILED

2003 SEP -5 AM ID: 05

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1.	Vector Control Solutions 110
	(Name of foreign limited liability company)
2. <sub>7</sub>	Jurisdiction under the law of which foreign limited liability  3. (FEI number, if applicable)
,	company is organized)
4.	6/10/2003 5. Perpetual
	(Date of Organization)  5.   Charlest   Char
6.	
	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
7.	2800 S. Financial Ct., Sanford, FL 32773
	E SA T
	(Street address of principal office)
8.	If limited liability company is a manager-managed company, check here
9.	The name and usual business addresses of the managing members or managers are as follows:
	ADAPCO, Inc. 2800 S. Financial Ct. Sanford, FL 32773
	RD, The 23 Hillside Drive, Winnebago, MN 56098
	TO THE BY MISINE RIVER WITH THE WAY TO
	<del></del>
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10.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
	translation of the certificate under outh of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida:
	Dilli Prilit
	Distribution of insecticide application equipment
	Marks The
	Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), F.S., the execution of this document constitutes
	an affirmation under the penalties of perjury that the facts stated herein are true.)
	Typed or printed name of signee
	r yped of princed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the Limited Liability Company is:  Vector Control Solutions, LLC
2.	The name and the Florida street address of the registered agent and office are:
	Allen W. Wooldridge, Jr.  clo ADAPCO, Inc.  COORS F. 101
	Florida street address (P.O. Box NOT ACCEPTABLE)
	Sawford FL 32773 See S. (City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Cllku W Woolder Equ

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

## Delaware

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VECTOR CONTROL SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF AUGUST, A.D. 2003.





Warriet Smith Windson Secretary of State

AUTHENTICATION: 2598487

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