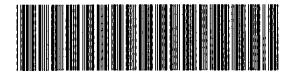
# M15000002100

· (Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
·	·	
Certified Copies	Certificates	s of Status
	_	
ſ		
Special Instructions to	Filing Officer:	
		الا
		(3)
	//	1 <sub>0</sub> ,
	د/۱۱۱	
	·W15-	

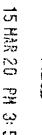
Office Use Only



500268542605

01/27/15--01040--006 \*\*70.00

02/27/15--01030--006 \*\*55.00





#### **COVER LETTER**

TO:	Registration Section
	Division of Cornerations

SUBJECT: Municipal Pipe Tool Co., LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

April Du	uffner	, rono a mg.			
		lame of Person		<del></del>	
Municip	al Pipe Tool	Co., LLC	;		
	F	irm/Company			
515 5th	Street - PO	Box 398			
······································	·····	Address		<del></del>	
Hudsor	i, IA 50643				
-	City/5	State and Zip Code	-		
aprild@	munipipe.co	m		Hee	ऊ
For further information concerning	E-mail address: (to be use g this matter, please call:	d for future annual rep	oort notification)		HAR 20
April Duffne	er	<sub>at</sub> 319	988-4205		<b>3</b>
Name o	f Contact Person	Area Code	Daytime Telephon		بب
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Divisio Registi Clifton 2661 E	ET ADDRESS: on of Corporations ration Section Building executive Center Circussee, FL 32301	cle	异洲	2 <sup>t</sup>
Enclosed is a check for the f	ollowing amount:				
■ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Cop	•	Filing Fee, Certi & Certified Co	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2015

APRIL DUFFNÉR MUNICIPAL PIPE TOOL COMPANY LLC P.O. BOX 398 HUDSON, IA 50643

SUBJECT: MUNICIPAL PIPE TOOL COMPANY LLC

Ref. Number: W15000010134

We have received your document for MUNICIPAL PIPE TOOL COMPANY LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

There is a balance due of \$55.00.

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.

Gretchen Harvey
Regulatory Specialist II Supervisor

Letter Number: 115A00002889

្មា

www.sunbiz.org

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  1. Municipal Pipe Tool Co., LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
<sub>2.</sub> Illinois <sub>3.</sub> 26-0583739
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
<sub>4.</sub> 2/1/2015
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 515 5th Street
Hudson, IA 50643
(Street Address of Principal Office)
<sub>5.</sub> PO Box 398
Hudson, IA 50643
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Mark Kaler, Managing Member
116 SE via San Marion
Port St. Lucie, FL 34984
3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official naving 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 oath of the translator must be submitted)
Mark kan
Signature of an authorized person In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true m aware that any 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.)
Mark Kaler, Managing Member

Typed or printed name of signee

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is:  Municipal Pipe Tool Co., LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		
CT Corporation System	_ \$50	15
(Name)		is ka
1200 South Pine Island Road	が記	20
Florida Street Address (P.O. Box NOT ACCEPTABLE)	- m	70

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 605, Florida Statutes.

Plantation

Jenifer Vincent

Vice President & Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

33324

City/State/Zip

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

File Number

0227998-3



### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MUNICIPAL PIPE TOOL COMPANY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 24, 2007, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1502102302

Authenticate at: http://www.cyberdriveillinois.com

## In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 21ST

JANUARY A.D.day of

2015

SECRETARY OF STATE