# F10000000180

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
| •                                       |
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (cashess zha) (ame)                     |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Consideration to Effect Office          |
| Special Instructions to Filing Officer: |
|   |
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|   |
|   |

Office Use Only



700163755227

12/22/09--01034--012 \*\*70.00

01/08/10--01035--009 \*\*1400.00

10 JAN -4 PH 3: 19
ALLAHASSEE, FLORIDA

EP 1/12/10

W090000 55673



RECEIVED

10 JAN -4 PM 4: 23

DIVISION OF CORPORATION

National RP Support, Inc. 213 SE 16<sup>th</sup> Pella, Iowa 50219 Phone: 641-628-3777 Fax: 641-628-3778 www.rpsupport.com

Attn: Eula Tetterson
New Filing Section
P.O. Box 6327
Talla hassee, FC 32314

The check enclosed is fir past years fines



December 24, 2009

DENNIS FOGLE 213 SE 16TH ST. PELLA, IA 50219

SUBJECT: NATIONAL RP SUPPORT, INC.

Ref. Number: W09000055673

We have received your document for NATIONAL RP SUPPORT, 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):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1400.00.

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) 245-6062.

Letter Number: 009A00039121

Eula Peterson Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee Florida 32314

## **COVER LETTER**

| <b>TO:</b> New Filing Section Division of Corporations   |   |  |  |
|--|---|--|--|
| SUBJECT: National RPS  | port, Inc.  |  |  |
| (Name  | orporation - must include suffix)   |  |  |
| Dear Sir or Madam:   |   |  |  |
|  | ation for Authorization to Transact Business in Florida," itted to register the above referenced foreign corporation to |  |  |
| Please return all correspondence concernir   | is matter to the following:   |  |  |
| Demis Fogle  |   |  |  |
| Demis Fogle  | Name of Person)   |  |  |
| National RP Suppor   | Firm/Company)   |  |  |
|  |   |  |  |
| 213 SE 16th St.  |   |  |  |
|  | (Address)   |  |  |
| Pella, IA 50219  |   |  |  |
| ,  | ry/State and Zip code)  |  |  |
| For further information concerning this ma   | please call:  |  |  |
| Sondy De Jone  | 641 ) 628-3777  |  |  |
| (Name of Person)   | (Area Code & Daytime Telephone Number)  |  |  |
|  |   |  |  |
| STREET/COURIER ADDRESS New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314                        |  |  |
| Enclosed is a check for the following amou   |   |  |  |
| ▼ \$70.00 Filing Fee □\$78.75 Filing F<br>Certificate of   |   |  |  |

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

|                             | E WITH SECTION 607.150<br>REIGN CORPORATION TO                  |  |  |  |   |
|-----------------------------|---|--|--|--|---|
| 1. Natio                    | not RP Support  | . Inc  |  | 要の しょ  | Tree of the state |
|                             | orporation; must include "INC<br>orp," "Inc," "Co," or "Corp.") | ORPORATED," "C   | OMPANY," "CORPORAT   | ION." LANGE TO A CONTRACT OF THE PARTY OF TH |   |
| Nati                        | and RP Supportable in Florida, enter alternate                  | Incorpora  | red  | E CO   | ري<br>م   |
|                             |   |  |  | 23.50  | 1) 50   |
| 2. <u>Misso</u>             | under the law of which it is in                                 | 3  | 43-1831363   | Ď.,  |   |
| (State or country           | under the law of which it is in                                 | corporated)  | (FEI number, if a  | ipplicable)  |   |
| 4. <i>11-5-</i>             | -/998<br>of incorporation)                                      | 5  | PERPETUAL  |  | _ (   |
| (Date                       | of incorporation)   | (Du  | ration: Year corp. will cease                                      | e to exist or "perpetual"  | )   |
| 6                           | 9-29-2003   |  |  |  | <del></del>   |
|                             | (Date first trans<br>(SEE SECTIONS 60                           | 7.1501 & 607.1502, F   | rida, if prior to registration)<br>I.S., to determine penalty liab | bility)  |   |
| 7. 213 SE                   | 16th St., Pella,  | IA 502   | 19   |  |   |
|                             |   |  |  |  |   |
| 213 SE                      | 16th St., Pella,  | IA 502   | 19   |  |   |
|                             | (Cur  | rent mailing address)  |  |  |   |
| 8. Tretallation (Purpose(s) | and service of Laser  | s and laser relationships the relationships the state or country | ded equipment for a  | nantaduring Po<br>Florida)   | wposes,   |
| 9. Name and stree           | t address of Florida register                                   | red agent: (P.O. Box   | x NOT acceptable)  |  |   |
| Name:                       | Johnny Gag<br>569 mar Nan A                                     | non  |  |  |   |
| Office Address:             | 569 mar Nan M   | na Place   |  |  |   |
|                             | Clermont (City)   |  | Florida 3471/  |  |   |
|                             | (City)  |  | (Zip code)   |  |   |
| (A. Ragistared ag           | ent's acceptance:   |  |  |  |   |
| Having been name            | ed as registered agent and                                      |  |  |  |   |
| tesignated in this (        | application, I hereby accept                                    | ot the appointment a   | is registered agent and a <u>s</u>                                 | gree to uct in this cap  | acity. I  |

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.

Ohmy Jagnon 12/14/09
(Registered agent's signorare)

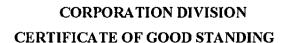
- 11. Attached is a certificate of estence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

| A. DIREA TORS   |                   |
|---|-------------------|
| Chairman:   |                   |
| Address:  |                   |
| Vice Chairman:  |                   |
| Address:  |                   |
|   | 36 3 -11          |
| Director:   | 7                 |
| Address:  | SS                |
|   |                   |
| Director:   | 92 10             |
| Address:  | 2                 |
|   |                   |
| B. OFFICERS   |                   |
| President: Dennis Fogle   |                   |
| Address: 1904 Hwy G-28  |                   |
| Pella, IA 50219   |                   |
| Vice President: <u>Janet Fugle</u>  |                   |
| Address: 1904 Hwy G-28  |                   |
| Address: 1904 Huy G-28 fella, IA 50219  |                   |
| Secretary: Janet Fugle  |                   |
| Address: 1904 Huy GSF, Relle, IA 50219  |                   |
| Treasurer: Janet Forgle   | , , ,             |
| Address: 1904 Huy 6-28 Pella IA 50219   |                   |
|   |                   |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers | and/or directors. |
| (Signature of Director or Officer listed in number 12 of the application)                     |                   |
| O = E I = DOESINEATE  |                   |
| (Typed or printed name and capacity of person signing application)                            |                   |

# STATE OF MISSOURI



Robin Carnahan Secretary of State



I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

## NATIONAL RP SUPPORT, INC. 00462205

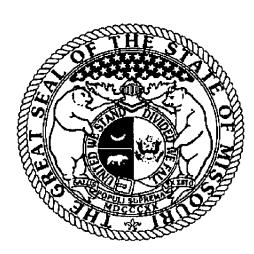
was created under the laws of this State on the 5th day of November, 1998, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 4th day of December, 2009

Secretary of State

Certification Number: 12337750-1 Reference:

Verify this certificate online at http://www.sos.mo.gov/businessentity/verification







### 00462205

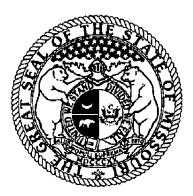
### CERTIFICATE OF CORPORATE RECORDS

## NATIONAL RP SUPPORT, INC.

I, ROBIN CARNAHAN, Secretary of the State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of the original documents on file and of record in this office for which certification has been requested.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 4th day of December, 2009

Secretary of State



Certification Number: 12337751-1 Reference:

Verify this certificate online at http://www.sos.mo.gov/businessentity/verification