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· (Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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MAY 8 2015 S. GILBERT

COVER LETTER

	Filing Section sion of Corpora					
SUBJECT	The Ne	wberry Gr	oup, l	nc.		
		Name of o	orporation	1 - must include	suffix	
Dear Sir or M	Madam:					
"Certificate	of Existence,"		Good Sta	nding" and checl		et Business in Florida," mitted to register the
		lence concerning	this matte	r to the following	g:	
Aldina	Kugic					
The Nie		.	Name of	Person		
ine ive	wberry C	Froup, Inc.				
0540.0	OLULI: 1		Firm/Con			
2510 S	Old High	1way 94, S				
St. Cha	rles, MO	63303	Addr	ess		
· · · · · ·		C	ity/State a	nd Zip code	<u> </u>	
contract	s@thenev	wberrygrou	p.com			
	I	E-mail address: (t	o be used	for future annual	report n	otification)
For further in	nformation con	cerning this matt	er, please	call:		
Aldina l	Kugic	ot :	636	, 442-57	54	
	ne of Person	at) Code & Daytime		one Number
New Divis Clift 2661	EET/COURII Filing Section sion of Corpora on Building Executive Cer shassee, FL 32	nter Circle		New F Divisi P.O. E	Filing Sec	rporations
Enclosed is a	check for the	following amoun	t:			
■ \$70.00 Fi	ling Fee 🛚	\$78.75 Filing For Certificate of S		\$78.75 Filing Certified Copy		□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

The Nev	wberry Group, Incia., " feorporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "	"Corp," "Inc," "Co," or "Corp.")
(If name unavai	ilable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
_{2.} Missouri	i 43-1755637
	try under the law of which it is incorporated) (FEI number, if applicable)
- _{4.} <u>8/27/199</u>	5. F-F-
6. 03.24	te of incorporation) (Duration: Year corp. will cease to exist or "perpetual") . 15
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
_{7.} 2510 S O	Old Highway 94, Suite 200, St. Charles, MO 63303
	(Principal office address)
same as a	above
-	(Current mailing address)
Name and stre	et address of Florida registered agent: (P.O. Box NOT acceptable)
	Ines Gonzalez
Name:	· de co
Office Address:	2531 Hickory Oak Blvd
	Orlando , Florida 32817 O
	(City) (Zip code)
designated in this	ned as registered agent and to accept service of process for the above stated corporation at the place application, I hereby accept the appointment as registered agent and agree to act in this capacity.
jurther agree to ci	omply with the provisions of all statutes relative to the proper and complete performance of my familiar with and accept the obligations of my position as registered agent.
	Ines Gornales
	(Registered agent's signature)
10. Attached is a c	certificate of existence duly authenticated, not more than 90 days prior to delivery of this application

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.
A. DIRECTORS
Chairman: Christopher J Steinbach
Address: 2510 S Old Highway 94, Suite 200
St. Charles, MO 63303
Vice Chairman:
Address:
Director: Christopher J Pugh
Address: 2510 S Old Highway 94, Suite 200
St. Charles, MO 63303
Director:
Address:
B. OFFICERS
President: Christopher J Steinbach
Address: 2510 S Old Highway 94, Suite 200
St. Charles, MO 63303
Vice President: Christopher J Pugh
Address: 2510 S Old Highway 94, Suite 200
St. Charles, MO 63303
Secretary: Christopher J Steinbach
Address: SAME
Treasurer: Christopher J Pugh
Address: Same
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. C. Push
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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. Christopher J Pugh, Executive VP & CFO

ADDITIONAL OFFICERS:

R. Steven Cadogan

2510 S Old Highway 94, Suite 200

St. Charles, MO 63303

STATE OF MISSOURI



Jason Kander Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

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

THE NEWBERRY GROUP, INC. 00430548

was created under the laws of this State on the 27th day of August, 1996, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 1st day of May, 2015.

Secretary of State

Certification Number: CERT-05012015-0025

