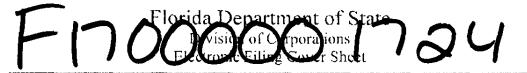
4:17/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001046493)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

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

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FOREIGN PROFIT/NONPROFIT CORPORATION

Heavenly Bodies, Inc.

Certificate of Status	()
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

Electronic Filmg Menu Corporate Filing Menu

COVER LETTER

	tration Section of Corpo				
SUBJECT:	Heavenly B	odies, Inc.			
		Name of corporat	ion - mu	st include suffix	
Dear Sir or M	ladam:				
"Certificare o	t'Existence,"	by Foreign Corporation I or "Certificate of Good S orporation to transact bus	tanding"	and check are subr	
Please return	all correspon	dence concerning this ma	tter to th	e following:	
		Name	of Perso	n	
		Firm/C	ompany		
		Ac	ldress	, , , , , , , , , , , , , , , , , , ,	
		City/Stat	e and Zi	o code	
MBRAND@N	MISSELAINE.				
		E-mail address: (to be us	ed for fu	ture annual report n	otification)
For further in	formation co	ncerning this matter, plea	se call:		
		at ()		
Nam	e of Person	Area C	ode	Daytime Teleph	one Number
Regis Divis Clifto 2661	EET/COUR stration Secti- sion of Corpo on Building Executive C hassee, FL 3	rations enter Circle		MAILING AL Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Enclosed is a	check for the	: following amount:		·-	
ॼ \$70.00 Fi	ling Fec [S78,75 Filing Fee & Certificate of Status		3.75 Filing Fee & tiffed 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.

es, Inc.				
orporation, must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
ble in Florida, enter alternate corporate name a	dopted for the purpose of transacting but	siness in Florida)		
3	81-4838562			
y under the law of which it is incorporated)	(FEI number, if applicable)			
5				
of incorporation)	(Date of duration, if other than	(Date of duration, if other than perpetual)		
venue, St. Louis, MO 63123				
(Current mailin	g address, if different)	17/		
nt address of Florida registered agent: (P.C. NRAI Services, Inc. 1200SouthPinelslandRoad). Box NOT acceptable)	APR 17 AH IS		
Plantation	Florida 33324	02		
(City)	(Zip code)	,5		
	orporation, must include "INCORPORATED," orp.," "Inc.," "Co.," or "Corp.") able in Florida, enter alternate corporate name a symmetric stransacted business in (SET SECTIONS 607 1501 & 60	orporation, must include "INCORPORATED," "COMPANY," "CORPORATION," orp.," "Inc.," "Co.," or "Corp.") A subject in Florida, enter alternate corporate name adopted for the purpose of transacting but a subject in Florida, enter alternate corporated (FEI number, if application) (FEI number, if application) (Date of duration, if other than (Onter first transacted business in Florida, if prior to registration) (SET, SECTIONS 607 1501 & 607 1502, F.S., to determine penalty liability) venue, St. Louis, MO 63123 (Principal office address) (Current mailing address, if different) Readdress of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services, Inc. 1200SouthPinelslandRoad Plantation , Florida (P.O. Box NOT)		

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.

NRAI Services, Inc.

By: Kristin Bolden
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. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Seeattachedisting Address: Vice Chairman: Address _____ Director: Address: **B. OFFICERS** Seeattachedlisting Address: Vice President: Address: _ Secretary: Address. f'reasurer; Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

Michael R. Brand, Secretary

(Typed or printed name and capacity of person signing application)

LIST OF OFFICERS/DIRECTORS HEAVENLY BODIES, INC.

James A. Seldin, President & Director 8430 Valcour Avenue St. Louis, MO 63123

Michael R. Brand, Secretary & Treasurer 8430 Valcour Avenue St. Louis, MO 63123

Alison Tafbot, Vice President & Director 8430 Valcour Avenue St. Louis, MO 63123

Steven J. Mattingly, Vice President 8430 Valcour Avenue St. Louis, MO 63123

Don G. Lents, Director 8430 Valcour Avenue St. Louis, MO 63123

17 APR 17 AM IS: 02

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, 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

Heavenly Bodies, Inc. 001370201

was created under the laws of this State on the 22nd day of November, 2016, 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 16th day of March, 2017.

Secretary of State

Cerufication Number: CERT-03162017-0038

