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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



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K.SALY EXAMINER DEC -1 2015

COVER LETTER

TO:	O: Registration Section Division of Corporations								
SUBJ	ECT:	Genes	siS	Enviror	ment	x1 9	solut	ions, Inc	
		<u> </u>		Name	of corpor	ation	- must ir	clude suffix	
Dear S	Sir or Ma	dam:							
"Certi	ficate of	Existence	e," o		te of Good	Stan	ding" an	d check are su	act Business in Florida," bmitted to register the
Please	return al	l corresp	onde	nce concer	ning this n	natter	to the fo	llowing:	
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· <u>-</u> · · · ·					Nam	e of F	Person		
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For fu				erning this				amaa report	no,
_B	rooke	Bio	IS.		at (<u>8)</u>			129-590	00
	Name	of Persor	า		Area	Code	:	Daytime Tele	phone Number
	Registr Division Clifton 2661 E	ration Secon of Cor Building executive	ction pora Gen	ions ter Circle	SS:			MAILING A Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27
Engle		assee, FL			m ount:				
			ine I	ollowing ar	nount:				
X \$7	0.00 Filir	ng Fee		\$78.75 Fili Certificate	_			Filing Fee & ed Copy	☐ \$87.50 Filing Fee, Certificate of Status &

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.

(Enter name of corp	Nironmental Solutions, ly oration; must include "INCORPORATED," "(," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
2. <u>MO.</u> (State or country u	3		cable)
6 78422	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502 S. 7 Huy Blue Springs (Principal of	orida, if prior to registration) , F.S., to determine penalty liability)	
8. Name and street a Name: Office Address:	(Current mailing a ddress of Florida registered agent: (P.O. E BYDOKE BIOS 502 INVEYNESS RA Eglin AFB (City)	_	2015 NOV 30 PH 2: 22 TALL AHASSEE PLORIDA
designated in this ap further agree to con		of process for the above stated on the as registered agent and agree tive to the proper and complete my position as registered agent.	to act in this capacity. I

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 NA
· OU Dec
Address:
- CORIDA
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: M. Shaun Thomas
Address: 8422 S. 7 Hwy Blue Springs, MO 64014
1 .
Vice President: NA
Address:
Secretary: WA
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. 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.
13. M. Shaun Thomas - President (Typed or printed name and capacity of person signing application)

STATE OF MISSOURY



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

Genesis Environmental Solutions, Inc. 00616756

was created under the laws of this State on the 19th day of October, 2004, 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 24th day of November, 2015.

Secretary of State

Certification Number: CERT-11242015-0076