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SECRETARY OF LOGIC TALLAHASSEE TO LOGIC

JUN 23 2016 S. YOUNG

COVER LETTER

TO:	Registration O		ions				
SUBJ	ECT:	Ansi	ra Partners Name of corpor	,工 ation ·	must include suffix	· · · · · · · · · · · · · · · · · · ·	
Dear S	ir or Madan	n:					
"Certif	ficate of Exi	stence," or		Stand	Authorization to Transac ling" and check are sub s in Florida.		
Please	return all co	orresponde	nce concerning this n	natter	to the following:		古路
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(clay. h	ounter E	mail address: (to be	con used fo	or future annual report r	otification)	
For fu	rther inform	ation conc	erning this matter, plo	ease ca	ali:		
	lay Hu	ntor	at (_ 3 /	4	783 - 244 (<u> </u>	_
	Name of	Person	Area	Code	Daytime Telep	hone Number	
	STREETA Registration Division of Clifton Bu 2661 Exec Tallahasso	on Section of Corpora iilding cutive Cen	tions ter Circle		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	
Enclos	sed is a chec	k for the f	ollowing amount:				
5 \$7	0.00 Filing I	Fee 🗇	\$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	S87.50 Fili Certificate Certified C	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.

Ansira	le in Florida, enter alternate corporate nan			
	· -			onda)
<u>Delaw</u>	under the law of which it is incorporated)	3. <u>43~みの</u>	91232	
(State or country	under the law of which it is incorporated)		FEI number, if applicable)	
10 /	28/2005	5		
	f incorporation)	(Date of	duration, if other than perpetual)	
	06/22/20	110		-
			no olekwa ti wa Y	्ठे
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607			بي
	(SEE SECTIONS 007.1501 & 007.	.1502, P.S., to ucterin	the penalty hadnity)	
2300 Lo	cust St., St. Louis,	MO 63/03		JUN 27
• *	(Pris	cipal office address)		
9966 1	ust St., ST. Louis, A			2
2300 600		iling address, if differ	ent)	
	· (Carrent In	ining address, it differ	one,	AM : 26
				0
Name and street	address of Florida registered agent: (P.O. Box NOT acc	eptable)	•
Name	CT CORPORATION		•	
Name:	<u> </u>			
office Address:	1200 South Pine Isl	and Road	•	
	73.1		2224	
		<u>an i e Florida _</u>	33324	
	(City)	: (Zip code)	

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.

Terence Hardley Asst. 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: Mark P. Mantovani	
Address: 2300 Locust St.	
St. Louis, MO 63103	
Vice Chairman:	
Address:	
Director: Colton King	
Address: 1800 Larimer St. # 2200, 1	enver,
Director: Bruce Rogers	
Address:	
Address,	
B. OFFICERS	2 200
President: Martin Reidy	
Address: 2300 Locust St.	(3) · 12
St. Louis, MD 63103	
Vice President:	
Address:	
Secretary: Gary L. Weller	
Address: 2300 Locust Street, St. Lovi	S. MD 63/0}
Treasurer: Gary L. Weller	
Address: 2300 Locust Stroet, St. Louis	MD 63103
NOTE: If necessary, you may attach an addendum to the application.	
Signature of Director or	
The officer or director signing this document (and who is listed in r are true and that he or she is aware that false information submitted a third degree felony as provided for in s.817.155, F.S.	umber 11 above) affirms that the facts stated herein in a document to the Department of State constitutes
13. GIARY L. Weller, EVP-CFD (Typed or printed name and capacity of per	
(Typed or printed name and capacity of per	son signing application)

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ANSIRA PARTNERS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ANSIRA PARTNERS, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE OF BEEN PAID TO DATE.

H 22 MIII: 26

Authentication: 202519867

Date: 06-20-16

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