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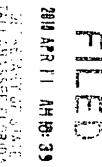
(Requestor's Name)					
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J. HARRIE

COVER LETTER

TO:		ition Section of Corporation	s				
SUBJE		EST Rail LLC					
00000			Name of	Limited Liability C	Company		
The end Existen	closed "Ap	oplication by For eck are submitte	eign Limited Liability Com d to register the above refer	ipany for Authoriza renced foreign limit	tion to Tra ed liability	nnsact Business in Florida," Certificate o y company to transact business in Florid	of a
Please i	return all c	orrespondence c	oncerning this matter to the	e following:			
		James L. O'Lo	oughlin				
			1	Name of Person	-		
		Orscheln Man	agement Co.				
		Firm/Company					
		P.O. Box 280					
		Address					
		Moberly, MO 65270					
		City/State and Zip Code					
	V	vmagee@orsc	neln.com				
	_	-	E-mail address: (to be use	ed for future annual	report not	ification)	
For fur	ther inforn	nation concernin	g this matter, please call;				
	Brian K	n K. Habermehl, CPA		660 at (269-	4552	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registrate P.O. Box	NG ADDRESS: of Corporations tion Section & 6327 see, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding recutive Center Circle see, FL 32301	
Enclose		ck for the follow 00 Filing Fee	ing amount: S130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC.")				
Missouri .		_{3.} 27-4470737					
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI n	(FEI number, if applicable)				
	(Date first transacted business in Florida, if prior to to See sections 605,0904 & 605,0905, F.S. to determine	registration) ne penalty liability)					
2000 U.S. Highway	63 South	6 P.O. Box 280					
(Street Address of Principal Office)		(Mailing Address)					
Moberly, MO 65270		Moberly, MO 65270					
			200				
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	70 ====================================				
Name:	CT Corporation System		I				
Office Address:	1200 S. Pine Island Rd						
	Plantation	, Florida <u>33324</u>	ca ca				
iving been named as re signated in this applica comply with the provisi	egistered agent and to accept service of partion, I hereby accept the appointment as ions of all statutes relative to the proper sof my position as registered agent. CT Corporation System By: My Low Low	czip process for the above stated limits s registered agent and agree to a and complete performance of n Michael Scraphin Asst, S	ect in this capacity. I further only duties, and I am familiar w				
esignated in this applica comply with the provising and accept the obligation.	stance: egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. CT Corporation System	(Zip process for the above stated limits registered agent and agree to a and complete performance of m Michael Scraphin Asst. S signature)	ted liability company at the pla ict in this capacity. I further a ny duties, and I am familiar wi Secretary				
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aving been named as resignated in this application comply with the provision accept the obligation. The name, title or capative attached Jse attachments if neces Attached is a certificate	stance: legistered agent and to accept service of pation, I hereby accept the appointment assisted as a soft my position as registered agent. CT Corporation System By: (Registered agent's a sacity and address of the person(s) who has a new and Address: sary) sof existence, no more than 90 days old, of which it is organized. (If the certificate	crocess for the above stated limits registered agent and agree to a and complete performance of m Michael Scraphin Asst. Stignature) s/have authority to manage is/are Title or Capacity:	ted liability company at the plant in this capacity. I further only duties, and I am familiar we becretary Name and Address:				

Typed or printed name of signee

Attachment to APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Name of Foreign Limited Liability Company: QuEST Rail LLC

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:
Chairman & Director	Robert J. Orscheln
President	P.O. Box 280
	Moberly, MO 65270
Director	Barbara A. Westhues
Sr. Vice President – Finance	P.O. Box 280
Assistant Secretary	Moberly, MO 65270
Director	Neal D. Quackenbush
Executive Vice President & Chief Technology Officer	P.O. Box 280
	Moberly, MO 65270
Chief Executive Officer	William L. Orscheln
Treasurer	P.O. Box 280
	Moberly, MO 65270
Sr. Vice President & General Counsel	James L. O'Loughlin
Secretary	P.O. Box 280
	Moberly, MO 65270
Vice President & Assistant General Counsel	Linda M. Mustoe
Assistant Secretary	P.O. Box 280
	Moberly, MO 65270
Vice President-Tax Manager	Brian K. Habermehl
	P.O. Box 280
	Moberly, MO 65270
Vice President-Accounting Manager	Penny S. Hicks
	P.O. Box 280
	Moberly, MO 65270
Vice President	Matthew D. Rankin
	P.O. Box 280
	Moberly, MO 65270
Assistant Secretary	Wendy S. Magee
	P.O. Box 280
	Moberly, MO 65270
Assistant Secretary	Jessica A. Miner
	P.O. Box 280
	Moberly, MO 65270

STATE OF MISSOUR



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

QuEST Rail LLC LC1104450

was created under the laws of this State on the 10th day of December, 2010, and is active, 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 10th day of April, 2018.

Secretary of State

THE OF A SEPTEMBER OF

Certification Number: CERT-04102018-0007