

| | cation/Tax n of Corpo | Lien Sec orations | tion | | | | | |
|---|--------------------------|----------------------|-----------------------------|----------|--|-------------------|------------------------------|------------------|
| SUBJECT: | THREE | JOHNS | COMPANY | | | | | |
| | | (| Name of corpo | oration | ı - must include suffix) | | | () |
| Dear Sir or Mad | dam: | | | | | | | |
| | Existence' | ', and chec | | | Authorization to Transagesister the above referen | | | |
| Please return al | l correspo | ndence co | ncerning this n | natter | to the following: | 0003 | 3111 | 2364 |
| | Cl | narles | R. Greene | <u> </u> | - | -01/2 | 6700 *70 nn | 01067002 |
| | | | (Nar | ne of | Person) | | | *****(U.00) |
| | Gı | reene 8 | Curtis, | L.L | .P | | | |
| | | | (Firr | n/Con | npany) | | | |
| | 1.3 | 840 Eas | t Woodhur | ·e+ | | | | |
| | | | | Addre | ess) | | | |
| | Sr | rinafi | eld, Miss | | • | | | |
| | | | | | e/Zip) | ·- " | | · क्रिकेट १) |
| | | | (Cit | yrotat | e/Zip) | | ا سندو ا ا ا ا ا ا اوا | Same Same |
| Should you nee | d to call s | omeone co | oncerning this I | natter | , please call: | | | |
| Charles | R. Gre | ene | at_(4 | 17 |) 883-7678 | | * · | Ç |
| (Name | of Person |) | (A | rea C | ode & Daytime Telepho | one Numbe | er) | 3 |
| STREET ADD | RESS: | | | | MAILING ADDRESS | S: | | |
| Qualification/Ta Division of Cor 409 E. Gaines S Tallahassee, FL | porations St. | ection - | | | Qualification/Tax Lien Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314 | ns | 5 | Ĺ |
| Enclosed is a ch | eck for th | e followin | g amount: | | | | • | |
| 5 \$70.00 Filing | g Fee | | Filing Fee & cate of Status | a | \$78.75 Filing Fee & Certified Copy | ☐ \$87.5 Certi | | Fee, 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.

| | JOHNS COMPANY | : | i i ja ni ist |
|--|---|---------------|---|
| words or abbrevi | ration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or iations of like import in language as will clearly indicate that it is a corporation instead of a repartnership if not so contained in the name at present.) | | |
| ** * | , , , , , , , , , , , , , , , , , , , | | |
| (State or country | under the law of which it is incorporated) 3. 43-1009055 (FEI number, if applicable) | | - 0 - <u>jen</u> 1 - 1 |
| | e of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") | , | |
| | application. | | |
| 6. (Date first | transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) | | । िश्चीयः स्टब्स् स्टब्स्ट्रेसः १० |
| | East Kearney | | n promine gradije i kalego promine si |
| Sprin | gfield, Missouri 65898 | | . 제 [통급 |
| | (Current mailing address) | | |
| (Purpose(s | onduct any and all business not otherwise prohibited by lates of corporation authorized in home state or country to be carried out in state of Florida) | .W. | . The belt Abaron ill |
| 9. Name and str | reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) | | |
| Name: | Nick Mulick, Esq. | | सम्बद्धाः दृष्ट |
| Office Address: | 90130 Old Highway | · [7] | e παν αντιστού παι το παι τ |
| | Tavernier Florida, 33070 | | e sa e rai e se raise |
| | (Zip code) | | |
| 10. Registered a | agent's acceptance: | | |
| this application, I is with the provisions | ed as registered agent and to accept service of process for the above stated corporation at the place d hereby accept the appointment as registered agent and agree to act in this capacity. I further agree s of all statutes relative to the proper and complete performance of my duties, and I am familiar with my position as registered agent. | to comply | |

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

11. 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

| Chairman: | TORS (Street address only - P.O. Box NOT acceptable) , John L. Morris | |
|--------------|--|--|
| | 2500 East Kearney | |
| | Springfield, Missouri 65898 | |
| Vice Chairma | nan: | |
| Address: | | ·* |
| —— Director: | John L. Morris | |
| Address: | 2500 East Kearney | |
| | Springfield, Missouri 65898 | |
| Director: | | . |
| Address: | | |
| B. OFFICI | ERS (Street address only - P.O. Box NOT acceptable) | |
| President: | John L. Morris | <u>.</u> <u>:</u> |
| Address: | 2500 East Kearney | |
| _ | Springfield, Missouri 65898 | - |
| Vice Preside | ent: | † |
| Address: | デースの (グランス) - 1/2 () () () () () () () () () (| : ~~ |
| | | <u>-</u> |
| Secretary: | Joe C. Greene | |
| Address: | 1340 East Woodhurst | |
| _ | Springfield, Missouri 65804 | ······································ |
| Treasurer: | | |
| Address: | | |
| | | |
| | ^ | |
| NOTE: If n | necessary, you may attach an addendum to the application listing additional officers and/or directors. | |
| | necessary, you may attach an addendum to the application listing additional officers and/or directors. | |

STATE OF MISSOURI

Rebecca McDowell Cook Secretary of State

MISSOUR

CORPORATION DIVISION

CERTIFICATE OF CORPORATE GOOD STANDING

I, REBECCA McDOWELL COOK, 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

THREE JOHNS COMPANY

was incorporated under the laws of this State on the 14th day of MARCH, 1973, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 20th day of JANUARY, 2000.

Secretary of State