# ECOCOCOCO 4580 9. TRANSMITTAL LETTER

<u>.</u>				
To: Registration Section Division of Corporations				
SUBJECT: <u>Casey and Associate</u>	es, Inc. 1 - must include suffix)	·		
(Name of corporation	n - must include suffix)			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for A "Certificate of Existence", and check are submitted to retransact business in Florida.		oreign corporation to		
Please return all correspondence concerning this matter	to the following:	SECITALLA		
Allen Casey (Name of				
(Name of	Person)	SEE LE		
Casey and Associate	es, Inc	고등 물 다		
(Firm/Con	npany)	TATE 2: 2		
619 S. Pickwid	<	<b>3</b> m 8		
(Address)				
Springfield, Mo	6580Z te/Zip)	<u></u> 8/14		
(City/Sta		032914375		
-08/15/0001074001 *****78.75 *****78.75				
Should you need to call someone concerning this matter	, please call:			
		W-15797		
	<u> 369 - 3300</u>	<u></u>		
(Name of Person) (Area Code & Daytime Telephone Number)				
STREET ADDRESS:	MAILING ADDRESS:	-		
Registration Section	Registration Section			
Division of Corporations				
409 E. Gaines St. Tallahassee, FL 32399	P.O. Box 6327 Tallahassee, FL 32314			
1 minited 200, 1 D 32377				
Enclosed is a check for the following amount:				
□ \$70.00 Filing Fee  \$78.75 Filing Fee & □ Certificate of Status	\$78.75 Filing Fee &  Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy		



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 21, 2000

ALLEN CASEY 619 S. PICKWICK SPRINGFIELD, MO 65802

SUBJECT: CASEY AND ASSOCIATES, INC.

Ref. Number: W00000015797

We have received your document for CASEY AND ASSOCIATES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporate Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 000A00035204



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 1, 2000

ALLEN CASEY 619 S. PICKWICK SPRINGFIELD, MO 65802

SUBJECT: CASEY AND ASSOCIATES, INC.

Ref. Number: W00000015797

We have received your document for CASEY AND ASSOCIATES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have not adopted an alternate name on the resolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 400A000415

) AUG 10 AM 2:

# RESOLUTION OF BOARD OF DIRECTORS (Please print or type)

I, the undersigned ALLEN CASEY (Name)	, do hereby certify
that this Resolution of the Board of Directors of	-
CASEY AND ASSOCIATES IN (Corporate Name)	C.
a corporation duly organized and existing under the	laws of the State of <u>HISSOURI</u> ,
was duly adopted on OCTORER 15	<u>1992</u> .
Be it resolved, that CASEY AND AS (Corpor	SOCIATES, INC.
organized and existing in the State of Missel	JR1 , hereby adopts the name
ALLEN CASEY ASSOCIATES IN	for use Afforia.
	AUG IO NETARY AHASSE
Dated: 7-24-00 8-8-00	OFSTA
Signature of either Chairman, Vice	Chairman or any officer
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INHS19(1/00)

### 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.

1. CASEY AND ASSOCIATES INC (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)  2. MISSOURI (State or country under the law of which it is incorporated)  3. 43 - 1620800 (FEI number, if applicable)  4. 10 - 15 - 92 (Date of incorporation) (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. a. 69 PICKWICK SPRINGFIELD MO (0563) (Principal office address)  b. 619 S. PICKWICK SPRINGFIELD MO (0563) (Current mailing address)  8. ARCHITECTURE (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida?  9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT accoptable)  Name: LIAN ALEMAN  Office Address: BBGD NW 18 <sup>TH</sup> TERRACE  HIMM PRINCE Agents for the above stated corporation at the place designates in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to	ı	ODDIZA A A		10 mmmon	DUDIN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JONEDZI.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)  2. MISSOUR!  3. 43-1620800  (REI number, if applicable)  4. 10-15-92 (Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")  6. UPON QUALIFICATION (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. a. 619 S. PICKWICK  SPRINGFIELD  (Principal office address)  b. 619 S. PICKWICK  SPRINGFIELD  (Current mailing address)  (Current mailing address)  8. ARCHITECTURE  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT accordable)  Name: LIAN ALEMAN  Office Address: BEW NW 18 <sup>TH</sup> TERRACE  MINMI  10. 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.	1.	CASE	Y AND ASSOCIAT	ES INC				
natural person or partnership if not so contained in the name at present.)  2. MISSOURI (State or country under the law of which it is incorporated)  3. 43-1620800 (FEI number, if applicable)  4. 10-15-92 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")  6. UPON QUALIFICATION (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. a. 69 S. PICKWICK SPRINGFIELD (Principal office address)  b. 619 S. PICKWICK SPRINGFIELD (Current mailing address)  Current mailing address)  8. ARCHITECTURE (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida Section 10 Principal office Address:  D. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: LIAN ALEMAN  Office Address: BBGD NW 18 <sup>TH</sup> TERRACE  MIAMI  Florida 33172 (Zip code)  10. 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.		(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or						
2. MISSOURI (State or country under the law of which it is incorporated)  3. 43-1620800  (FEI number, if applicable)  4. 10-15-92 (Date of incorporation)  5. PERPETUAL (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")  6. UPON QUALIFICATION (Date first transacted business in Florida, insert "upon qualification.")  (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. a. 619 S. PICKWICK SPRINGFIELD MO 65631 (Principal office address)  b. 619 S. PICKWICK SPRINGFIELD MO 65631 (Current mailing address)  8. ARCHITECTURE (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridation of the place designated agent's acceptance:  MIAMI  Plorida 33172 (Zip code)  10. 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.							corporation ins	stead of a
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(Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. a. 619 S. PICKWICK SPRINGFIELD MO (05431 (Principal office address))  (Current mailing address)  (Current mailing address)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridates (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridates)  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridates (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridates (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridates (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridates (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridates (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridates (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridates (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridates (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridates (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridates (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridates (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridates (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridates (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florid								
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(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. a. 619 S. PICKWICK SPRINGFIELD MO (25631  (Principal office address)  b. 619 S. PICKWICK SPRINGFIELD MO (25631  (Current mailing address)  8. ARCHITECTURE  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida Principal Pri	Ö	State or countr	ry under the law of which it	is incorporated)	_	(FE	I number, if ap	plicable)
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(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  7. a. (619 S. PICKWICK SPRINGFIELD MO (65631  (Principal office address)  b. (619 S. PICKWICK SPRINGFIELD MO (65631  (Current mailing address)  8. ARCHITECTURE  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Fiorida P. P. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name: SUAN ALEMAN  Office Address: BEGO NW 18 <sup>TH</sup> TERRACE  HIAMI , Florida 33172  (Zip code)  10. 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.								
(Current mailing address)  8. ARCHITECTURE  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation and Proposed in Name:  Name: Alan Aleman  Office Address: BBGO NW 18 <sup>TH</sup> TERRACE  HIAMI  Florida 33172  (Zip code)  10. 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.	(	Date first trans		-			•	rt "upon qualification.")
(Current mailing address)  8. ARCHITECTURE  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation authorized in home state or country to be carried out in state of Floridation and Proposed in Name:  Name: Alan Aleman  Office Address: BBGO NW 18 <sup>TH</sup> TERRACE  HIAMI  Florida 33172  (Zip code)  10. 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.	7.	a. (o19	S. PICKWICK	SPRIN	10FIEL	N MO	65631	
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(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida P.O. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name:     Office Address:     Office Address:   Office Addres				•				
P. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  Name:     JUAN ALEMAN	8.	ARCI	LITECTURE					
Name: JUAN ALEMAN  Office Address: BBGO NW 18 <sup>TH</sup> TERRACE  Having been named as registered agent and to accept service of process for the above stated corporation at the place designated								
Name: JUAN ALEMAN  Office Address: BBGO NW 18 <sup>TH</sup> TERRACE  Having been named as registered agent and to accept service of process for the above stated corporation at the place designated	9.	Name and st	reet address of Florida 1	registered agent:	. (Р.О. В	ox or Mail T	ron Box NO	T accentable)
Office Address: BBGD NW 18 <sup>TH</sup> TERRACE    HIRMI								ح بن شم
Office Address: BBGD NW 18 <sup>TH</sup> TERRACE    HIRMI		Name:	JUAN ALEMAN					<b>8</b> ₹ %
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated								<b>₽</b> # 26
10. 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	Off	fice Address:	8860 NW 18	TERRACE				
10. 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			UINN		T	71amida 32	J72	
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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated						(2.1	o code)	
	10.	Registered	agent's acceptance:					
in this application. I hereby accept the appointment as registered agent and agree to act in this canacity. 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.					ana com	piete perjorm	unce oj my aui	nes, ana 1 am jamiliar wiin
and describe the standard of the personal as regulated again.		, weep, iiie	(		1 0	1		
yun / gomor >				yun U	1 4	2000 ar		
(Registered agent's signature)			/ //	Registered agent's	signature	)		
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the	11.	Attached is a	certificate of existence duly	authenticated. no	t more the	en 90 davs n <del>ri</del> d	or to delivery o	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.

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: ALLEN CASEY	
Address: 3220 S. VALLEY VIEW	
SPRINGFIELD, MO 65804	
Vice Chairman: MARY LOU CASEY	_
Address: 3220 5. VALLEYVIEW	
SPRINGFIELD, MO 65804	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President:	
Address:	
Vice President:	
Address:	1 2: STA LOF
	26 26
Secretary:	
Address:	
	1
Treasurer:	:
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional offi	
13	
(Signature of Chairman, Nice Chairman, or any officer listed in number 12	of the application)
14. ALLEN CASEY CHAIRMAN	·
(Typed or printed name and capacity of person signing ap	pplication)

STATE OF MISSOURI



### Rebecca McDowell Cook Secretary of State

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

CASEY & ASSOCIATES, INC.

was incorporated under the laws of this State on the High day of OCTOBER, 1992, and is in good standing, having full 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 8th day of JUNE, 2000.

Separatory of State