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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: The Transcontinental Adjustment Corporation, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

000003376540--5
-08/29/00--01081--001
*****78.75 *****78.75

-David L. Lappin
(Name of Person)

The Transcontinental Adjustment Corporation, Inc.
(Firm/Company)

3245 Hampton Avenue, Suite 200
(Address)

St. Louis, Missouri 63139
(City/State/Zip)

4000013376524--5
-08/29/00--01073--003
*****70.00 *****70.00

Should you need to call someone concerning this matter, please call:

David L. Lappin at (314) 647-1555
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

mtu
8/31

**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. The Transcontinental Adjustment Corporation
(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 3. 43-1701080
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 20, 1995 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. SEPTEMBER 1, 2000 ANTICIPATED DATE
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 3245 Hampton Avenue, Suite 200
St. Louis, Missouri 63139
(Current mailing address)

8. Collection Agency
(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** acceptable)

Name: JAMIES R. LAPPIN
4908 38TH WAY SOUTH, BLDG. G, UNIT 405

Office Address: _____
ST. PETERSBURGH FL. 33711, Florida, _____
(Zip code)

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TALLAHASSEE, FLORIDA

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 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.


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

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: David L. Lappin

Address: 3245 Hampton Avenue, Suite 200

St. Louis, Missouri 63139

Vice Chairman: Nancy M. Lappin

Address: 3245 Hampton Avenue, Suite 200

St. Louis, Missouri 63139

Director: Suzanne M. Lappin

Address: 3245 Hampton Avenue, Suite 200

St. Louis, Missouri 63139

Director: Gregory L. Lappin

Address: 3245 Hampton Avenue, Suite 200

St. Louis, Missouri 63139

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Nancy M. Lappin

Address: 3245 Hampton Avenue, Suite 200

St. Louis, Missouri 63139

Vice President: Suzanne M. Lappin

Address: 3245 Hampton Avenue, Suite 200

St. Louis, Missouri 63139

Secretary: David L. Lappin

Address: 3245 Hampton Avenue, Suite 200

St. Louis, Missouri 63139

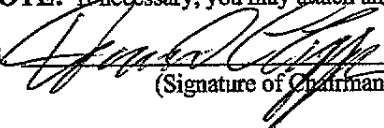
Treasurer: David L. Lappin

Address: 3245 Hampton Avenue, Suite 200

St. Louis, Missouri 63139

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13


(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. David L. Lappin, Chairman

(Typed or printed name and capacity of person signing application)

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ADDENDUM

B. OFFICERS (continued)

Vice President: Gregory L. Lappin

Address: 3245 Hampton Avenue, Suite 200

St. Louis, Missouri 63139

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

No. 00406206

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

THE TRANSCONTINENTAL ADJUSTMENT CORPORATION, INC.

was incorporated under the laws of this State on the 10th day of JANUARY, 1995, 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 10th day of AUGUST, 2000.

Rebecca McDowell Cook
Secretary of State



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA