

Document Number Only

F00000005594

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092

DATE: 10/5

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-10/05/00--01070--006
*****70.00 *****70.00

Corporation(s) Name

American Identity Inc

☒ Profit ☐ Amendment ☐ Merger
☐ Nonprofit
☒ Foreign ☐ Dissolution ☐ Mark
☐ LLC ☐ Withdrawal ☐ Other
☐ Limited Partnership ☐ UBR
☐ Reinstatement ☐ Fictitious Name
☐ UCC ☐ 1 or ☐ 3

***Special Instructions**

☐ Certified Copy ☐ Photocopies ☐ CUS
☐ Arts/amends/mergers ☐ Other-See Above
☒ Walk in ☒ Pick-up ☐ Will Wait

Please Return Filed Stamped
Copies To:

Carol Clark

Thank You!

OK
10/15

**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. American Identity 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. Delaware

(State or country under the law of which it is incorporated)

3. 43-1901689

(FEI number, if applicable)

4. 09/22/2000

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qual

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 10450 Holmes Road, Suite 501, Kansas City, MO 64131

(Current mailing address)

To sell and distribute products to business customers.

8. _____

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324

(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 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.

By: _____

C T Corporation System

(Registered agent's signature)

Asst. Vice Pres.

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA

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

President: Donald B. Berryman

Address: 10450 Holmes Road, Suite 501

Kansas City, MO 64131

Vice President: _____

Address: _____

Secretary: George Hare

Address: 10450 Holmes Road, Suite 501

Kansas City, MO 64131

Treasurer: George Hare

Address: 10450 Holmes Road, Suite 501

Kansas City, MO 64131

SEE ATTACHMENT

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

13. George Hare

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

14. George Hare CFO

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

Attachment to Florida
Application By Foreign Corporation for Authorization to Transact Business In Florida
Officers & Directors

1. Full Name: Donald B. Berryman
Officer/Director: Officer, Director
Officer's Title: President/CEO
Business Address: 10450 Holmes Road, Suite 501
City: Kansas City
State: MO
ZIP Code: 64131
2. Full Name: George Hare
Officer/Director: Officer
Officer's Title: CFO/Secretary/Treas.
Business Address: 10450 Holmes Road, Suite 501
City: Kansas City
State: MO
ZIP Code: 64131

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMERICAN IDENTITY 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 THIRD DAY OF OCTOBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.




Edward J. Freel, Secretary of State

3281252 8300

AUTHENTICATION: 0713610

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DATE: 10-03-00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA