

F01600004183

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Customer Service Associates, 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.

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-08/06/01-01118-004
*****70.00 *****70.00

Please return all correspondence concerning this matter to the following:

Sim Menges
(Name of Person)
Customer Service Associates, Inc.
(Firm/Company)
923 NE WOODS CHAPEL RD, Suite 381
(Address)
LEE'S SUMMIT MO 64064
(City/State and Zip code)

For further information concerning this matter, please call:

Sim Menges at (816) 478-3366
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

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TALLAHASSEE, FLORIDA

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**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. Customer Service 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 3. 43-1814215
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4.28.1998 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. July 1, 2001
(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. 4509 Woodland Rd Lake St. Louis MO 63367
(Principal office address)
923 NE Woods Chapel Rd #381 Lee's Summit MO 64064
(Current mailing address)
8. New Business to repair medical Equipment
(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: NRAI Services, Inc.
Office Address: 526 E. Park Avenue
Tallahassee, Florida 32301
(City) (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.

Jeff M. Higdon, Special Assistant Secretary
(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Jody Read

Address: 4509 Woodland Rd

Vice Chairman: _____

Address: _____

Director: Jody Read

Address: 4509 Woodland Rd

Lake St. Louis, MO 63367

Director: William Shively

Address: 445 Autumn Lake trail

Franklin, TN 37067

B. OFFICERS

President: Jody Read

Address: 4509 Woodland Rd

Lake St. Louis MO 63367

Vice President: William Shively

Address: 445 Autumn Lake trail

Franklin, TN 37067

Secretary: Brenda Shively

Address: 445 Autumn Lake Trail, Franklin TN 37067

Treasurer: Jim Menges

Address: 123 NE Woods Chapel Rd #381 Lee's Summit MO 64064

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

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

14. Jim Menges Treasurer
(Typed or printed name and capacity of person signing application)

No. 00455075

STATE OF MISSOURI



Matt Blunt
Secretary of State

CORPORATION DIVISION


CERTIFICATE OF CORPORATE GOOD STANDING

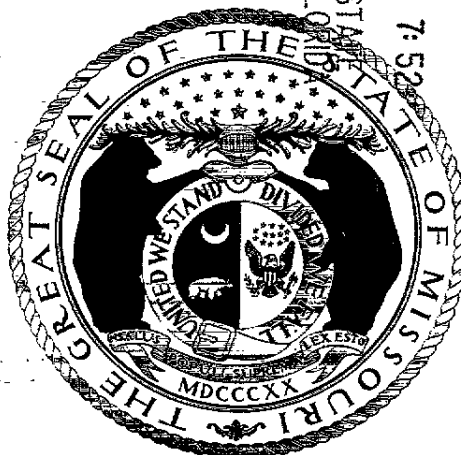
I, MATT BLUNT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

CUSTOMER SERVICE ASSOCIATES, INC.

was incorporated under the laws of this State on the 21 day of APRIL, 1998, 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 1st day of AUGUST, 2001.


Secretary of State



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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