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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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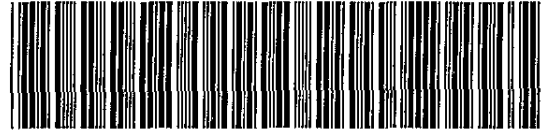
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: James R. Doyle, Incorporated
(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:

JAMES DOYLE
(Name of Person)
JAMES R. DOYLE, INCORPORATED
(Firm/Company)
574 McBIDE POINTE DRIVE
(Address)
WILDWOOD, MO 63011
(City/State and Zip code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JAMES DOYLE at (636) 458-0727
(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

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. James R. Doyle, Incorporated
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Missouri 3. 43-1373158
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 3/26/1984 5. Perpetual
(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. 574 McBride Pointe Drive, WILLOWOOD, MO 63011
(Principal office address)
- P.O. Box 303 CHESTERFIELD, MO 63005
(Current mailing address)

8. REAL ESTATE INVESTMENT AND MANAGEMENT
(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: BARBARA JENNINGS MINER

Office Address: 2481 DEVINE FARM ROAD
CANTONMENT, Florida 32533
(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.

Barbara Jennings Miner
(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 business addresses of officers and/or directors:

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04 APR 19 1984
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: JAMES DOYLE

Address: 574 MCBRIDE PT. DR.
WILDWOOD, MO 63011

Vice Chairman: KATHLEEN DOYLE

Address: 574 MCBRIDE PT. DR.
WILDWOOD, MO 63011

Director: N/A

Address: _____

Director: N/A

Address: _____

B. OFFICERS

President: JAMES DOYLE

Address: 574 MCBRIDE PT. DR.
WILDWOOD, MO 63011

Vice President: KATHLEEN DOYLE

Address: 574 MCBRIDE PT. DR.
WILDWOOD, MO 63011

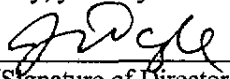
Secretary: JAMES DOYLE

Address: 574 MCBRIDE PT. DR. WILDWOOD, MO 63011

Treasurer: N/A

Address: _____

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. JAMES DOYLE
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF MISSOURI



Matt Blunt
Secretary of State


CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

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

JAMES R. DOYLE, INCORPORATED
00262606

was created under the laws of this State on the 26th day of March, 1984, 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 15th day of March, 2004


Secretary of State

