# F04000002737

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |

Office Use Only



200035430952

05/07/04--01066--009 \*\*87.50

04 22 Y - 7 AH 8:41

205/9/04



#### TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: TC Precast, Dr.  (Name of corporation - must include suffix)  |
| (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:  |
| Haye Champion  (Name of Person)  TC Precast, Inc.  (Firm/Company)  Po Box 506  |
| Po Box 506 (Firm/Company)  |
| TROY MO 63379  |
| (City/State and Zip code)  |
| For further information concerning this matter, please call:   |
| (Name of Person) at (636) 528-372/ (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 & ☐ \$78.75 Filing Fee & Certificate of Status Certified Copy 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. TC Precast, Inc.   |
| 1. TC Precast Inc.  (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 (State or country under the law of which it is incorporated)  3. U3-1933331 (FEI number, if applicable)   |
|   |
| 4. 7-30-01 5. Per per 4q/ (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")  |
| (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")   |
| 6. Upon qualification Approx 6-3-04 (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "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.)   |
| a Proposition SNA   |
| 7. PO BOX 504 (Principal office address)  |
| (Principal office address)  Troy Mo (3379  (Current mailing address)  |
| (Current mailing address)   |
|   |
| 8. Precast Concrete produced  (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)   |
| (Purpose(s) of corporation authorized in home state of 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: Kaipe Champion  |
| Office Address: 24400 5w 137 Aug  |
| Homestead FC, Florida 33032<br>(City) (Zip code)  |
| (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. |
| further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dutic<br>and I am familiar with and accept the obligations of my position as registered agent.                            |
| t and I am fairment with and accept the obligations of my position as registered agent.   |
| (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 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: Anthony (hompion   |
| Address: Los Lighthouse RD Apt 911   |
| Lake Ozakk Mo 65049  |
| Vice Chairman: Kaule Champion  |
| Vice Chairman: Kaye Champion  Address: 68 Cight house Rd Apt 911   |
| Lake Crark mo 65049  |
| Director: Steven Champion  |
| Address: 467 E Hury 47 - C   |
| TROY MO 63379  |
| Director: Rugan Champian   |
| Director: Ryan Champian  Address: 1301 Washington Circle   |
| MOON OK 73160  |
| B. OFFICERS  |
| Laure (hamain  |
| Address: 100 Lighthouse Rd Apt 911   |
| Address: 100 C1911-10036 Rex 111 11 11 11 11 11 11 11 11 11 11 11 1  |
| Lary O'Zark Ino 43047  |
| Vice President: Anthony Champion 5   |
| Address: (08 Light house Kd. Apt 911   |
| Lake Ozark MO 65049  |
| Secretary: Kaye Champion Address: 68 Cighthouse Rd Apt 9//   |
| Address: 68 Cighthouse Rd Hpt 9//  |
| Treasurer: Anthoxy Champion  |
| Address: 68 lighthouse Rd Hot 9/1  |
|  |
| NOTE:/If necessary/you may attach an addendum to the application listing additional officers and/or directors. |
| 13. Page Wangion   |
| (Signature of Director or Officer listed in number 12 of the application)                                      |
| 14. Tayl Wampion PRes. (Typed or printed name and capacity of person signing application)                      |
| (1) ped or printed name and capacity of person signing apprecaucity  |

## 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

### TC PRECAST, INC. 00499113

was created under the laws of this State on the 30th day of July, 2001, 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 3rd day of May, 2004

th Dlunt

Secretary of State

Certification Number: 6672515-1 Page 1 of 1 Reference:

Verify this certificate online at http://www.sos.mo.gov/businessentity/verification