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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

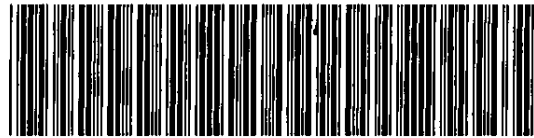
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton JUL 17 2006

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: THE ASSOCIATION of Professionals, Inc.
(Name of Corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

KAREN BOEKER

(Name of Person)

NATIONAL ADMINISTRATION Company, INC.
(Firm/Company)

16476 Chesterfield Airport Rd
(Address)

Chesterfield, MO 63017
(City/State and Zip Code)

For further information concerning this matter, please call:

KAREN BOEKER at (636) 530-7700
(Name of Person) (Area Code & Daytime Telephone Number)

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

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. THE ASSOCIATION OF PROFESSIONALS INC.
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. MISSOURI 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/1/01 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 16476 Chesterfield Airport Rd, Chesterfield, MO 63017
(Principal office address)

Same
(Current mailing address)

8. EDUCATIONAL
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Rd

Plantation, Florida 33324
(City) (Zip Code)

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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.

See attached
(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.

ACCEPTANCE OF APPOINTMENT

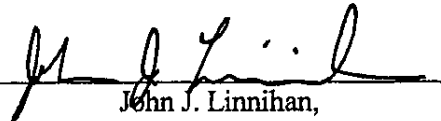
RE: **The Association of Professionals**

Pursuant to Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above non-profit corporation and agrees to act in this capacity. Further agree to comply with the provisions of all statutes relative to the proper and complete performance of the registered agent duties, and are familiar with and accept the obligations of our position as registered agent.

Dated: June 6, 2006

C T CORPORATION SYSTEM

By


John J. Linnihan,
Assistant Vice President

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Donald Breckenridge, JR

Address: 200 S Hanley, Ste 710
Clayton, MO 63105

Vice Chairman: Bernie Federko

Address: 2219 Devonsbrook Drive
Chesterfield, MO 63005

Director: Deborah Vick

Address: 532 Howard Avenue
St Joseph, MI 49085

Director: _____

Address: _____

B. OFFICERS

President: Donald Breckenridge, JR

Address: 200 S Hanley, Ste 710
Clayton, MO 63105

Vice President: Bernie Federko

Address: 2219 Devonsbrook Drive
Chesterfield, MO 63005


Secretary: Deborah Vick

Address: 532 Howard Avenue, St Joseph, MI 49085

Treasurer: Deborah Vick

Address: Same

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. Donald Breckenridge, JR President
(Typed or printed name and capacity of person signing application)

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STATE OF MISSOURI



Robin Carnahan
Secretary of State

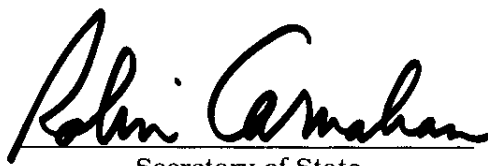
**CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING**

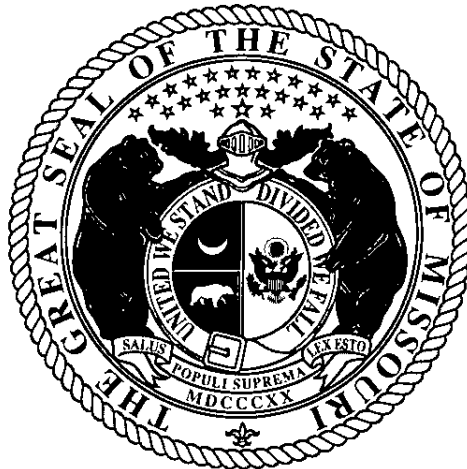
I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

**THE ASSOCIATION OF PROFESSIONALS
N00066805**

was created under the laws of this State on the 1st day of June, 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 8th day of June, 2006


Secretary of State



Certification Number: 8769450-1 Reference:
Verify this certificate online at <http://www.sos.mo.gov/businessentity/verification>