

F06000007420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

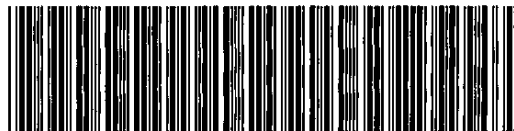
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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T. Burch NOV 30 2006

SPIEGEL & Utrera, P.A.

(Requestor's Name)

1840 SOUTHWEST 22<sup>ND</sup> STREET, 4<sup>TH</sup> FLOOR

MIAMI, FL 33145 - (305) 854-6000

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. M world, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk-In ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

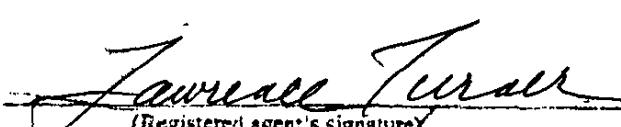
OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

# 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. M WORLD INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")  
  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DELAWARE 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/22/2006 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON FILING  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 12824 Ladue Road, Suite 501, St. Louis, MO 63141  
(Principal office address)  
P. O. Box 410417, St. Louis, MO 63141  
(Current mailing address)
8. any lawful business and activities permitted under the laws of the State of Florida and the United States.  
(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 NOT acceptable)  
Name: Lawrence Turner  
Office Address: 7360 NW 34th Street  
Miami, Florida 33122  
(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.*  
  
  
(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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**A. DIRECTORS**Chairman: William H. EllisonAddress: P. O. Box 410417St. Louis, MO 63141Vice Chairman: Troy McCroryAddress: P. O. Box 410417St. Louis, MO 63141Director: William H. Ellison IIIAddress: P. O. Box 410416St. Louis, MO 63141Director: Paulo BreimAddress: P. O. Box 410416St. Louis, MO 63141**B. OFFICERS**President: William H. EllisonAddress: P. O. Box 410416St. Louis, MO 63141Vice President: Paulo Breim and William H. Ellison IIIAddress: P. O. Box 410416St. Louis, MO 63141Secretary: William H. Ellison IIIAddress: P. O. Box 410416, St. Louis, MO 63141Treasurer: Troy McCroryAddress: P. O. Box 410416, St. Louis, MO 63141**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. William H. Ellison

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

14. William H. Ellison, President

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

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ADDENDUM

Director:  
Address:

Larry Turner (LAWRENCE TURNER)  
P. O. Box 410416, St. Louis, MO 63141

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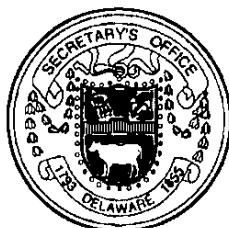
# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "M WORLD 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 FIFTH DAY OF SEPTEMBER, A.D. 2006.

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TALLAHASSEE, FLORIDA



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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5018044

DATE: 09-05-06