Division of Corporations Public Access System

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To:

Division of Corporations

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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

FOREIGN PROFIT/NONPROFIT CORPORATION

LS Acquisition Co.

Certificate of Status	0
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Electronic Filing Menu

Help

Corporate Filing Menu

T. Burch U.C. 18 2001

	BUSINESS	IN FLOR	RIDA	PR
IN COMPLIANC REGISTER A FO	E WITH SECTION 607.1503, FLORIDA S PREIGN CORPORATION TO TRANSACT	STATUTES, BUSINESS	THE FOLLOWING IS SUB IN THE STATE OF FLORI	MITTED TO
LS Acquisition	ı Ço.			
	corporation; must include "INCORPORATED Corp, " "Inc," "Co," or "Corp."))," "COMPA	NY," "CORPORATION,"	FLORIDA
(If name unavai	lable in Florida, enter alternate corporate name	adopted for	the purpose of transacting bus	iness in Florida)
2. Missouri	•	M, s	800307485	,
(State or country	/ under the law of which it is incorporated)		80-0307485 (FEI number, if applicable	t)
4. 1°		Perpetual		
	e of incorporation)	(Duration	: Year corp. will cease to exist	or "perpetual")
6	1-1-09			
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.1	in Florida, if 502, F.S., to	prior to registration) determine penalty liability)	
7. 1299 Industrial 1	Park Drive, Mt. Grove, MO 65711			
	(Principal office add	dress)		
P.O. Box 845, N	/L. Grove, MO 65711			
	(Current mailing ad	dress)		
	ring and providing tooling services and any rel			<u></u>
(Purpose(s) of corporation authorized in home state or c	ountry to be	carried out in state of Florida)	
9. Name and stre	et address of Florida registered agent: (P.	O. Box <u>NO</u>	<u>T</u> acceptable)	
Name;	C T Corporation System			
Office Address:	1200 South Pine Island Road			
·	Plentation	, Flor	rida33324	
	(City)		(Zip code)	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT

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.

CT Corporation System

Tondhuan L. Miles, Acct. 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.

12.	Names and	husiness	addresses	ofofficers	and/or d	iractore
4 44 4	LAMITTOD COIN	CHAILMAA	auui caaca	Of OTHERS	יוט שונשי	mectors:

M. DUK	ECTORS .	
Chairman	Carl D. Jungers, Sr.	
Address:	P.O. Box 845, Mt. Grove, MO 65711	
		AE DE
Vice Che	irman; Michael R. Morgan	
	P.O. Box 845, Mt. Grove, MO 65711	T P
•		21% mad
Director:	F. Jeffrey Miller	4: 20 13:04 13:04
Address:	P.O. Box 845, Mt. Grove, MO 65711	
Director:	Todd A. Volker	
Address:	P.O. Box 845, Mt. Grove, MO 65711	
B. OFF President: Address:	Michael E. Morgan	
Vice Pres	ident: Carl D. Jungers, Sr.	
Address:	P.O. Box 845, Mt. Grove, MO 65711	
Эрсганту:	Todd A. Volker	
Address:	P.O. Box 845, Mt. Grove, MO 65711	
freasurer	Todd A. Volker	
	P.O. Box 845, Mt. Grove, MO 65711	
NOTE:	If necessary, you may attach an addendard to the application listing additional officers and/or dir	ectors.
.4	(Signature of Director or Officer listed in number 12 of the application) Michael C. Mollar President (Typed or printed name and capacity of person signing application)	

CALLARY OF STAT

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

LS ACQUISITION CO. 00931960

was created under the laws of this State on the 20th day of November, 2008, 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 16th day of December, 2008

n Camahan

Secretary of State

Certification Number: 11300867-1 Reference: Verify this certificate online at http://www.sos.mo.gov/businessentity/verification