## F09000001845

(Re	equestor's Name)	
`		
(Ac	ddress)	
		ř
(Address)		<u> </u>
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Business Entity Name)		
		•
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
		. **
		*

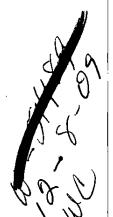
Office Use Only



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THE THE STATE SECRETARY OF STATE





RECEIVED

09 DEC -7 AM 11: 24

FLORIDA DEPARTMENT OF STATE

MIVISION OF CORPORATIONS OTAL LAHASSEE, FLORIDA

November 23, 2009

MARTHA PATTERSON 2001 PROENERGY BLVD. SEDALIA, MO 65301

SUBJECT: PROENERGY CRAFTS, INC.

Ref. Number: W09000051489

We have received your document for PROENERGY CRAFTS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

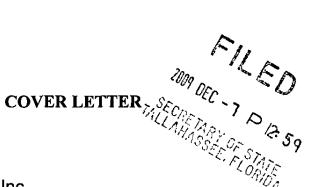
Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham Regulatory Specialist II New Filing Section

Letter Number: 909A00036292

21de7 Executive Center Blvd.



**TO:** New Filing Section Division of Corporations

SUBJECT: ProEnergy Crafts Inc

Name of corporation - must include suffix

Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation fo "Certificate of Existence," or "Certificate of Good Stareferenced foreign corporation to transact business in	inding"and check are submitted to register the above	
Please return all correspondence concerning this matter	er to the following:	
Martha P	atterson	
Name o	f Person	
ProEnergy	Crafts Inc	
Firm/Co	mpany	
2001 ProEnergy Blvd		
Address		
Sedalia Mo 65301		
City/State	and Zip code	
mpatterson@proer	nergyservices.com	
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please	call:	
Martha Patterson at ( 660	, 596.7052	
Name of Person Area	a Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing 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 & S87.50 Filing Fee, Certified Cop 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.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in 1 2. Missouri 3. 73-1655124	
	Florida)
	,
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. August 23, 2002 5.	
(Duration: Year corp. will cease to exist or "perp	etual")
5.	
(Date first transacted business in Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty linbility)	
7. 2001 ProEnergy Blvd Sedalia Mo 65301	
. (Principal office address)	
2001 ProEnergy Blvd Sedalia Mo 65301 (Current mailing address)	<del></del>
(Caron haing access)	
Provide mechanical and electrical contracting services	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
The state of the s	. 330 1
Name: PARACORP INCORPORATED  PARACORP INCORPORATED	7001 DEC -7
Name: PARACORP INCORPORATED	10EC -1 P
Name: PARACORP INCORPORATED  Office Address: 236 East 6th Avenue  Tallahassee, Florida 32303	
Office Address: 236 East 6th Avenue	<b>₽ ₽</b>
Name: PARACORP INCORPORATED  Office Address: 236 East 6th Avenue  Tallahassee, ,Florida 32303  (City) (Zip code)	DE STATE
Name: PARACORP INCORPORATED  Office Address: 236 East 6th Avenue  Tallahassee, , Florida 32303  (City) (Zip code)  O. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation	OF STATE at the place
Name: PARACORP INCORPORATED  Office Address: 236 East 6th Avenue  Tallahassee, , Florida 32303 (City) (Zip code)  O. Registered agent's acceptance:  Iaving been named as registered agent and to accept service of process for the above stated corporation designated in this application, I hereby accept the appointment as registered agent and agree to act in this	at the place is capacity. 1
Name: PARACORP INCORPORATED  Office Address: 236 East 6th Avenue  Tallahassee, ,Florida 32303	at the place is capacity. 1
Name: PARACORP INCORPORATED  Office Address: 236 East 6th Avenue  Tallahassee, , Florida 32303  (City) (Zip code)  O. Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated corporation lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this arther agree to comply with the provisions of all statutes relative to the proper and complete performance.	at the place is capacity. 1

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:	- CARRELL D
Address:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
D. OFFICERO	
B. OFFICERS	
President: Jeff Canon	
Address: 2001 ProEnergy Blvd Sedalia Mo 65301	
Vice President:	
Address:	
Secretary: Virgil Canon	
Address: 2001 ProEnergy Blvd Sedalia Mo 65301	
Treasurer: Cindy Howatt	
Address: 2001 ProEnergy Blvd Sedalia Mo 65301	
NOTE: If necessary, you may attach an addendum to the application listing	ng additional officers and/or directors.
(Signature of Director or Officer listed in number 12	afthe application)
(Signature of Director or Officer listed in number 1.	2 of the application)
(Typed or printed name and capacity of person sig	ning application)

## STATE OF MISSOURI



Robin Carnahan Secretary of State 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

## PROENERGY CRAFTS, INC. 00512277

was created under the laws of this State on the 23rd day of August, 2002, 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 5th day of November, 2009

Secretary of State

Certification Number: 12273401-1 Reference:

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