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To:

Division of Corporations

Fax Number : (850)617-6381

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : I2000000195 : (850)521-1000 Phone

Fax Number : (850)558-1515

Enter the email address for this business entity to be used for farie annual report mailings. Enter only one email address please.

| Empil | Address: | mikon@mikoncorp.com | |
|-------|----------|---------------------|--|
| | | | |

FOREIGN PROFIT/NONPROFIT CORPORATION MIKON CORPORATION OF MISSOURI

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$87.50 |

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Corporate Filing Menu

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.

| | ON Corporation | | | |
|--|--|--------------------|--|--|
| "Inc.," "Co.," "C | orporation; must include "INCORPOR orp," "Inc," "Co," or "Corp.") | LATED | ," "COMPANY," "CORPORATION," | |
| | | | | |
| MIKC | N Corporation of Missouri | | | |
| (If name unavaila | ible in Florida, enter alternate corporat | ie name | adopted for the purpose of transacting busing | ness in Florida) |
| 2. Mis | ssouri | 3 | 43.1438804 | |
| (State or country i | under the law of which it is incorporate | cd) | 43-1438804 (FEI number, if applicable) | ı |
| 1. | 1/30/1987 | 5. | Perpetual | |
| (Date | of incorporation) | | Perpetual (Duration: Year corp. will cease to exist or | r "perpetual") |
|). | | | | |
| | | | n Florida, if prior to registration) | |
| | | | 502, F.S., to determine penalty liability) | |
| | 1414 B. South 40th Street, St. Jos | | | |
| | (Principal off | ice addı | ress) | |
| | 4414 B. South 40th Street, St. Jos | eph, M | 10 64503 | |
| | (Current maili | ing addi | ress) | |
| | | | | |
| · | Stockpile Inventory | | | 20 6 |
| (Purpose(s) | of corporation authorized in home stat | te or co | untry to be carried out in state of Florida) | CCR 45 |
| Name and street | address of Florida registered agent | t: (P.O | . Box NOT acceptable) | EE R |
| | | | | SS |
| Name: | Mr. Stephen Looney | | - | SEE F |
| ffice Address: | 800 N. Magnolia Avenue, Su | rite 150 | 00 | FS |
| | Orlando | | , Florida32803 | ORICO ORICO |
| | (City) | | (Zîp code) | Br. |
| | | | | |
|). Registered age | | | | |
| aving oeen namei sienoted in this o | i us registerea agent and to accept unlication. I hereby accept the any | i servic naintm | e of process for the above stated corpor ent as registered agent and agree to act | ation at the place in this canacity |
| rther agree to con | nply with the provisions of all state | utes re | lative to the proper and complete perfo | rmance of my du |
| d I am familiar w | ith and accept the obligations of i | my pos | ition as registered agent. | |
| | | | | |
| | 1 0 | 1 | / | |
| | Juph, 1 | <u>. L</u> | 04/ | |
| | (Registered agent's signs | ature) | 3 | |

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.

FILED

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

10 APR 26 AM 11: 26

| A. DIRECTORS | | SECRETARY OF STATE | |
|-------------------|--|---|--|
| Chairman: | Eric E Coustry | | |
| Address: | 4414 B. South 40th Street | | |
| ·* | St. Joseph, MO 64503 | | |
| Vice Chairman: | David J. Kramer | | |
| Address: | 4444.0.0 | · | |
| | St. Joseph, MO 64503 | | |
| Director: | James B. Patrick | | |
| Address: | 4414 B. South 40th Street | | |
| | St. Joseph MO 64503 | | |
| Director: | Barbara Jane Patrick | | |
| Address: | 4414 B South 40th Street | | |
| | St. Joseph, MO 64503 | | |
| B. OFFICERS | | | |
| President: | Eric E. Coustry | | |
| Address: | 4414 B. South 40th Street | | |
| | St. Joseph, MO 64503 | | |
| /ice President: | David J. Kramer | | |
| Address: | 4414 B. South 40th Street | | |
| | St. Joseph, MO 64503 | | |
| ecretary: | Barbara Jane Patrick | | |
| .ddress: | 4414 B. South 40th Street, St. Joseph, MO 64503 | | |
| reasurer: | | | |
| .ddress: | 4414 B. South 40th Street, St. Joseph, MO | 64503 | |
| | | | |
| OTE: If necessar, | y, you may attach an addendum to the application | listing additional officers and/or directors. | |
| 3 | pura fort | | |
| | (Signature of Director or Officer listed in number | er 12 of the application) | |
| i | Barbara Jane Patrick, Secretary | | |
| | (Typed or printed name and capacity of person | n signing application) | |

STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

10 APR 26 AM II: 26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

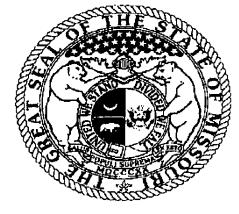
I, ROBIN CARNAIIAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

MIKON CORPORATION 00298346

was created under the laws of this State on the 30th day of January, 1987, 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 20th day of April, 2010

Secretary of State



Certification Number: 12754312-1 Reference:

Verify this certificate online at https://www.sos.mo.gov/businessentity/soskb/verify.asp