Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

RECEIVED AUG - 4 2018

From:

Email Address:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

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

FOREIGN PROFIT/NONPROFIT CORPORATION McCormack Baron Ragan Management Services, Inc.

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\$87.50

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: MCCORMACK BARON RAGAN MAN	AGEMENT SERVICES. INC.
	ion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation is "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	tanding" and check are submitted to register the
Please return all correspondence concerning this mat	tter to the following:
ANNE E. WALKER	
Name	of Person
MCCORMACK BARON SALAZAR, INC.	
- Firm/C	Company
720 OLIVE STREET, SUITE 2500	
Ad	idress
SAINT LOUIS, MO 63101	
City/Stat	te and Zip code
ANNE.WALKER@MCCORMACKBARON.COM	
E-mail address: (to be use For further information concerning this matter, pleas	ed for future annual report notification)
ANNE E. WALKER at (314	335-2946
Name of Person An	ea Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahasses, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahessee, FL 32314
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	Certified Copy S87.50 Filing Fee, Certificate of Status & Certified Copy

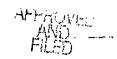
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

2. MISSOURI	ione in triolinal entire preditions corbetting		adopted for the purpose of transacting business in Florida) 43-1023485		
***	under the law of which it is incorporated)	3.	(FEI number, if applicable)	-	
4 9/11/1973	,	_	PERPETUAL.		
7	of incorporation)	Э.	(Duration: Year corp. will cease to exist or "perpetual")	=100	5
Vpon Qua	lification			EÖ	AUG
V			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	EXSS.	CI
7. 720 OLIVE STR	EET, SUITE 2500, SAINT LOUIS, MO			High	7
	(Principal office		•	HS:	5
720 OLIVE STF	REET, SUITE 2500, SAINT LOUIS, MO				سمیده سیم
	(Current mailing	6CQ	ress)	≫'	yest.
	OF RESIDENTIAL MULTI-FAMILY R) of corporation authorized in home state of		L ESTATE ountry to be carried out in state of Florida)		
9. Name and stree	t address of Florida registered agent: (P. C). Box NOT acceptable)		
Name:	CT CORPORATION SYSTEM				
Office Address:	1200 SOUTH PINE ISLAND ROAD		·		
	PLANTATION		. Florida 33324		
•	(City)		, Florida 33324 (Zip code)		
Having been nam	application, I hereby accept the appoint	nte	ce of process for the above stated corporation at the nent as registered agent and agree to act in this capa clative to the proper and complete performance of m	city. I	

. 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.

(Registered agent's signature)



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

A. DIRECTORS	SECRETARY OF STATALLAHASSEE FLOR
Chairman: SEE ATTACHED LISTING OF OFFICERS AND DIRECTORS	
Address:	
Vice Chairman:	•
Address:	•
Director:	
Address:	
Director:	
Address:	·
B. OFFICERS	
President:	
Address:	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
	diferent disease
NOTE: If necessary you may attach an addendum to the application listing additional offic	ers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the application	n)
HILLARY B. ZIMMERMAN VICE PRESIDENT AND SECRETARY	

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



10 AUG -4 PM 2: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

McCORMACK BARON RAGAN MANAGEMENT SERVICES, INC.

OFFICERS

Alan J. Ragan

President

Richard D. Baron

Vice President

Kevin J. McCormack

Vice President

Hillary B. Zimmerman

Vice President and Secretary

Linda E. Heiney

Vice President and Chief Financial Officer

Lisa Beffa

Vice President

Claudia Brodie

Vice President

J. Thomson Dobbin

Vice President

Aaron N. Swain

Vice President

Linda Veregin

Vice President

Robyn Wilhite

Vice President

DIRECTORS

Richard D. Baron

Kevin J. McCormack

Hillary B. Zimmerman

Tony M. Salazar

Alan J. Ragan

Vincent R. Bennett

Barbara A. Freeland

Poliy-Kinslowe

Address for all Officers/Directors: 720 Olive Street, Suite 2500 Saint Louis, MO 63101

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

MCCORMACK BARON RAGAN MANAGEMENT SERVICES, INC. 00164165

was created under the laws of this State on the 11th day of September, 1973, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my band and imprinted the GREAT SEAL of the State of Missouri, on this, the 2nd day of August, 2010

n Whahan

Secretary of State

Certification Number: 13058005-1 Reference:
Venity this certificate online at https://www.sos.mo.gov/nusinessenity/sockb/venity.asp