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#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Conley & Associates, Inc. Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.	1
Please return all correspondence concerning this matter to the following:	
Dave Menefee	
Name of Person	
Conley & Associates, Inc	
Conley & Associates, Inc Firm/Company	:
2642 Highway 109 Suite B	i
Address	
Grover, Mo 63040  City/State and Zip code	
City/State and Zip code	
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Area 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 \$\Bigcup \text{\$78.75 Filing Fee & Certificate of Status}\$  \$78.75 Filing Fee & Certificate of Status Certified Copy  Certified Copy	



September 24, 2010

DAVE MENEFEE CONLEY & ASSOCIATES, INC 2642 HIGHWAY 109, SUITE B GROVER, MO 63040

SUBJECT: CONLEY & ASSOCIATES, INC.

Ref. Number: W10000044752

We have received your document for CONLEY & ASSOCIATES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

A brief description of the entity's nature of business must be included in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II

Letter Number: 610A00022757

### 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Conley & Associates South east \nc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

3. 43-146/1/6

(FEI number, if applicable) (Date of incorporation)

5. Openorus

(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Highway 109 Sishe B. Grover, MO, 63040
(Principal office address) Same (Current mailing address) Training and Technical Seurices
pose(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: 1200 S. Pine Island Rd 1200 S. Pine Island Kd

Plantation, Florida 3332 4

(City) (Zip code) Office Address: 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. (see attack (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.

#### **ACCEPTANCE OF APPOINTMENT**

RE: Conley & Associates Inc.

**CT Corporation System** 1200 S. Pine Island Rd. Plantation, FL 33324

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: September 1, 2010

C T CORPORATION SYSTEM

Katherine Lackey, Assistant Secretary

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

A. DIRE	CTORS ,			
Chairman:				_
Address: _	33 Mendon brook C.C. Est. D.			
_	Ballwin, MO 63017	•		
ارولیک Vice Chair	man: James J. Carley			
Address: _	43 Green Valley Rl.			
	Errotes, MU 63025			
Director: _	James B. Conley			
Address: _	33 Medanbrod C.C Esh Dr			
	Ballwin, MO 63017			
Director: _	Robert S. Conley			
Address: _	2016 Joffmill Ch			
-	Chaster Gold MO 63017			
B. OFFIC	CERS			
President:	James J. Conley			
	43 Green Valley Rd.	Ęg		
_	Eurota, MO 63025		3	**************************************
Vice Presid	ient: Robert S. Confey	#K		
	2016 Joffinal Ct.	. S.	<del>- تا</del> بب	Torrest !
_	Chapterfield, MOLDO17		90	
Secretary:	Robert S. Conley			
Address: _	2016 Jaffimil Ct. Chatefeld, My 63017			
Treasurer:		<del>.</del>		
Address: _				·
NOTE: If	f necessary, you may attach an addendum to the application listing additional officers a	ınd/or dire	ectors.	
13	(Signature of Director or Officer listed in number 12 of the application)			
14.	Robert S. Conley Mice President			
<del></del>	(Typed or printed name and capacity of person signing application)			

## 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

## CONLEY & ASSOCIATES, INC. 00304422

was created under the laws of this State on the 13th day of July, 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 1st day of September, 2010

Kolin Camahan

Secretary of State

