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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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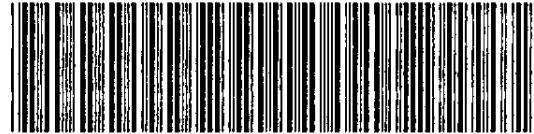
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY -5 PM 1:52
STATE OF ARIZONA
CLERK OF SUPERIOR COURT

RS 5/6/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PAYERS FOR PLAYERS, 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.

Please return all correspondence concerning this matter to the following:

JAMES KOENIG

Name of Person

PAYERS FOR PLAYERS, INC.

Firm/Company

748 HANLEY INDUSTRIAL CT.

Address

ST. LOUIS, MO 63144

City/State and Zip code

jim@payers-forplayers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Koenig

Name of Person

at (314) 862-9878

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

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 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.

1. PAYERS FOR PLAYERS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MISSOURI 3. 43-1514021
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4-24-1989 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 748 HANLEY INDUSTRIAL CT. ST. LOUIS, MO 63144
(Principal office address)

Same
(Current mailing address)

8. Payroll services - employer of record - entertainment industry
(Purpose(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: CorpDirect Agents, Inc.

Office Address: 515 East Park Avenue

Tallahassee, Florida 32301
(City) (Zip code)

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.

Michele Holden, Asst. Sec.
(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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: MARY THOMPSON

Address: 748 HANLEY INDUSTRIAL CT.
ST. LOUIS, MO 63144

Vice Chairman: JAMES KOENIG

Address: 748 HANLEY INDUSTRIAL CT.
ST. LOUIS, MO 63144

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MARY THOMPSON

Address: same as in 'A' above

Vice President: JAMES KOENIG

Address: same as in 'A' above

Secretary: JAMES KOENIG

Address: _____

Treasurer: JAMES KOENIG

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. James H. Koenig
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. James H. Koenig
(Typed or printed name and capacity of person signing application)

FILED
MAY -5 PM 1:58
SECURITY
FBI
ST. LOUIS

STATE OF MISSOURI



Robin Carnahan
Secretary of State

**CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING**

FILED
MAY -5 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

**PAYERS FOR PLAYERS, INC.
00327313**

was created under the laws of this State on the 24th day of April, 1989, 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 3rd day of May, 2011

Robin Carnahan

Secretary of State

