# F12000001198

(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
(Otyrotate/Etprenone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





800224852158

03/19/12-01044-009 \*\*78.75

12 MAR 19 PM 4: 3



## **COVER LETTER**

TO: New Filing S Division of C				
SUBJECT: Same a		<u>.</u> ,		
	Name of c	corporation	- must include suffix	
Dear Sir or Madam:				
"Certificate of Exister		Good Stan	ding" and check are sub	ct Business in Florida," mitted to register the
Please return all corre	spondence concerning	this matter	to the following:	
Paul F. Woody, Esq.				
		Name of I	Person	
Fendelman, Pauli, Flo	oodman & Associates, l	LLC		
		Firm/Com	pany	
101 S. Hanley, Suite	1200			
		Addre	ss	
Clayton, MO 63105				
	C	ity/State ar	nd Zip code	
robert@estatejules.co				
	E-mail address: (to	o be used f	or future annual report r	notification)
For further informatio	n concerning this matte	er, please ca	all:	
Paul Woody	at	(314	725-9790	
Name of Pers			ode & Daytime Teleph	one Number
New Filing Se Division of Co Clifton Buildi	orporations ng /e Center Circle		MAILING A New Filing Se Division of Co P.O. Box 632' Tallahassee, F	ction orporations 7
Enclosed is a check fo	r the following amount	:		
\$70.00 Filing Fee	\$78.75 Filing Fe	ee & 🗖	\$78.75 Filing Fee & Certified Copy	Sand Status & Certificate of Status & Certified Copy

APPĽICA			ION FOR AUTHORIZATION TO IN FLORIDA	TRAN	<u>×</u>
			TATUTES, THE FOLLOWING IS SUBM BUSINESS IN THE STATE OF FLORID		76 T
Julea Estate P					PH
(Enter name of c	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	The Care	35
(If name unavail	lable in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting busin	ess in Fl	orida)
2. Missouri		3.	27-2661742		
-· <del></del>	under the law of which it is incorporated)		(FEI number, if applicable)		
4. 5/19/2010		5.	Perpetual		
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpe				
6. 621 Stablestor	ne Dr., Chesterfield, MO 63017				
			r Florida, if prior to registration)		
	•	7.13	602, F.S., to determine penalty liability)		
7. 621 Stablestone	e Dr., Chesterfield, MO 63017 (Principal office		2800)		
	•	auui	icssy		
Same as above	9. (Current mailing		race)	<del></del>	<del></del>
•	(Current maning	addi	(VSS)		
Wholesale-Jev	welry, Diamonds, Art, Gold, Silver, Colle	ect <i>a</i>	bles and all other legal acts permi		
	s) of corporation authorized in home state of				
9. Name and stree	et address of Florida registered agent: (	P.O	. Box NOT acceptable)		
Name:	Northwest Registered Agent LLC				
Office Address:	3111 W. Dr. MLK Blvd., STE 100-B1	80			
	Tampa		, Florida <u>33607</u>		
	(City)		(Zip code)		
(A B 4					

#### 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.

Dan Keen-Manager

(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. DIKE	CTORS			
Chairman	Robert Greiner	要認	<u> </u>	
Address:	621 Stablestone Dr		MAR	
1	Chesterfield, MO 63017		19	71
Vice Chair	man:		PH	M
			<del>1.</del> 35	
Director:				
		<del></del>		
Director:				
				. <u> </u>
B. OFFIC	CERS Robert Greiner			
Address:	S21 Stablestone Dr.			
(	Chesterfield, MO 63017			
Vice Presid	ent:			
-				
	Robert Greiner			
Address: E	21 Stablestone Dr., Chesterfield, MO 63017		<del></del>	
Treasurer:	· · · · · · · · · · · · · · · · · · ·			
Address: _				
	necessary, you may attach an addendum to the application listing additional officers and/o	r directo	ors.	
13	(Signature of Director or Officer listed in number 12 of the application)			
4. Robe	rt Greiner, President and Chairman of the Board			
	(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

### JULES ESTATE BUYERS INC. 01059771

was created under the laws of this State on the 19th day of May, 2010, 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 7th day of March, 2012

Secretary of State

Certification Number: 14522661-1 Reference:

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

