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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: The Calket Company In C 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: Name of Person
The Callert Company Inc
120 A2tec Orve
Richard M5 39218
City/State and Zip code Kblake 401 a aut. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Keith T. Blocking at (101) 764.3008 = 3
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 & Certified Copy 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
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
The Called Company of M5 Inc (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
M. C
2. (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/1957 5. Perpetral
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Lu Qualification
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7 120 Aztec Drive Richland Ms 39218
(Principal office address)
(Current mailing address)
Ass. 2
8
(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: Jeffrey L. Insalaco
Office Address: 937 Highean St
Rockledgy, Florida 32955
(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. further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dut
and I am familiar with and accept the obligations of my position as registered agent.

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)

12. Names and business addresses of officers and/or difectors: A. DIRECTORS		
Chairmen:		
Address:		
Vice Chairman:	المتعددية والمتعددية والمتعددية والمتعددية	, , , , , , , , , , , , , , , , , , ,
Address:		
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Director:		
Address:		
) (************************************
Director:		
Address:		<u></u>
B. OFFICERS	7. S	·
Address: One Museum Place Suite Son	ZOIZ SECJ)
Address: One Museum Place Suite 500	AND PR	
3100 West 7th Street Firt worth, TX 7410)'(. —
Vice Prosident: Dana L. Perry		
Address: Dry Museum Place Suite 500	<u> </u>	
3100 West 7th Street, Eart World, TX 7/al	07	
Secretary:		
Address:		
Treasurer:		-,-
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers an	id/or directors.	
13. Van Van		
(Signature of Director or Officer listed in number 12 of the application)		
(Typed or printed name and capacity of person signing application)		

State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on October 8, 1990, the State of Mississippi issued a Charter/Certificate of Authority to:

THE CALVERT COMPANY, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Sccretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

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Given under my hand and seal of office March 20, 2012

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 12635212-1 Page 1 of 1 Reference:

Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp