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SECRETARY OF STATE
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Garison Development Company 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:
Vicalosa Haccenfly
Name of Person
Carrier David Dunk (a a
Firm/Company
4 Ocean Trace Rd., Ste. 120
St. Augustine, FL 32080 City/State and Zip code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Garrison Hassenflu at (8/6) 898-9286 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS: New Filing Section New Filing Section
Division of Corporations Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\Boxed{\sigma}\$ \$78.75 Filing Fee & \$\Boxed{\sigma}\$ \$87.50 Filing Fee, Certificate of Status & Certified Copy 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. (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) (State or country under the law of which it is incorporated)

3. 43-1797213

(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) #4 Ocean Trace Rd. Ste. 120 FG

(Principal office address) St. Augustine, FL 3 2080

#4 Ocean Trace Rd. Ste. 120

(Current mailing address) St. Augustine, FL 32088 (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) St. Augustina - Florida 32087
(City) 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.

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 addre	esses of officers and/or directors:	FILED	
A. DIRECTORS	_	·	
Chairman:	Garrison Hassenfl	13 APR - 1 PH 3: 49	
Address:	502 // / N=	TALLAHASSEE STATE	
	mission Hille, K	5 46208	
Vice Chairman:			
	" // A ~ T		
Address:			
<u> </u>	St. Augustine, FL	- 5200	
Director:			
Address:			
Director:			
Address:			
B. OFFICERS			
President:	Garrison Hassenflu		
Address:	× 10	35 High Move	
		Hills K5 66208	
Vice President	Virginia Hassenth		
Address:	C+ A + VI 3	2000	
	St. Augustle, FL 3	2001	
Secretary:	'(• • j		
Address:			
Treasurer:			
Address:			
NOTE: If necessary, you may	attach an addendum to the application Jisting additional	officers and/or directors.	
13	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 provide		•	
14	d or printed name and capacity of person signing applica	tion)	

STATE OF MISSOURI



Jason Kander Secretary of State 13 APR - I PH 3: 49
SECRETARY OF STATE
TALLAHASSEE FLORID

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

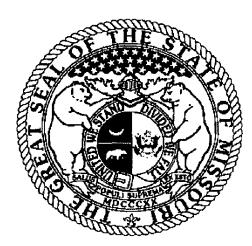
I, JASON KANDER, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

GARRISON DEVELOPMENT COMPANY 00448181

was created under the laws of this State on the 12th day of November, 1997, 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 27th day of March, 2013

Secretary of State



Certification Number: 15293382-1 Reference:

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