F13000005269

(Red	questor's Name)				
(Add	dress)				
(Ado	dress)				
(City	//State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bus	siness Entity Nar	me)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only

B 121013



400253970804

12/09/13--01055--002 **70.00

13 DEC - S PM 12: 42

SECRETARY OF STATE DIVIDED OF CORPORATIONS

COVER LETTER

	lew Filing Sect Division of Cor	porations				
SUBJEC	√ F•	CJ	Reac Es	TETE	Tac.	
SOBOLO	J1		Name of corporat	ion - must	include suffix	
Dear Sir	or Madam:					
"Certifica	ate of Existence	e," or "Ce		Standing" a	and check are sub	ct Business in Florida," mitted to register the
Please ret	turn all corresp	ondence	concerning this ma	atter to the	following:	
		Jan	es Jone Name	ſ		
			Name	of Person		
	_	JR	eac Estat Firm/C	e In	1 <i>C</i>	
			Firm/C	Company		
	/	954	NWC	offer	Oaks C	<i></i>
			A	ddress		
	BLue!	SPriv	191 Mc	te and Zin	10/5	
	Sone	s e E-mai	NW C A A City/Sta CTProPro address: (to be us	ed for futur	re annual report r	notification)
			ng this matter, plea			
Jan	Name of Person	uns	at (8/6	ea Code &	Daytime Teleph	one Number
N E C 2	STREET/COUNTENT FOR THE STREET OF CONTROL OF	tion porations S Center C			MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations 7
Enclosed	is a check for	the follow	wing amount:			
\$70.0	0 Filing Fee		.75 Filing Fee & tificate of Status		5 Filing Fee & fied 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. (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) (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) (Principal office address)

NW Copper Oajes Cir Blue Springs Mo
(Principal office address) (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: 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. (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:	
Address:	
Vian Chairman	
Vice Chairman:	
Address:	
Director:	
Address:	· · · · · · · · · · · · · · · · · · ·
Director:	<u> </u>
	H 32
Address:	0 C
B. OFFICERS	5. Sept. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
President: James Jones	<u>_</u>
Address: 3101 S. Fallbrook CT 13Lue SPrings, MO 6401	
BLuesprings, MO 6400	
Vice President:	
Address:	
Secretary: Christy Jones	
Address: 31015. Follbrook or	BluesPrings, MG
Treasurer:	64015
Address:	
NOTE: If necessary, you may attach an addendum to the application listing	additional officers and/or directors.
13.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 1 are true and that he or she is aware that false information submitted in a doc a third degree felony as provided for in s.817. §55, F.S.	
14. Janes Jones	
(Typed or printed name and capacity of person sign	ing application)

STATE OF MISSOURI



Jason Kander Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

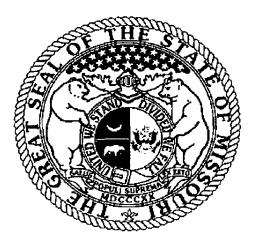
I, JASON KANDER, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

CJ REAL ESTATE INC. 00490518

was created under the laws of this State on the 30th day of November, 2000, 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 4th day of December, 2013

Secretary of State



Certification Number: 15780916-1 Reference:

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