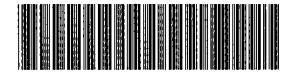
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(Re	questor's Name)		
(Address)			
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
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SECRETALY OF STATE

W13-67226

COVER LETTER

	Filing Section sion of Corporations	
SUBJECT	NORTHSTAR CONSTRUCTION MA	ANAGEMENT COMPANY, INC.
	Name of corporation - must i	nclude suffix
Dear Sir or N	/ladam:	
"Certificate	d "Application by Foreign Corporation for Authorized Existence," or "Certificate of Good Standing" and anced foreign corporation to transact business in Flo	nd check are submitted to register the
	all correspondence concerning this matter to the fit	ollowing:
	Name of Person	
BSI CC	NTRACTOR SERVICES	
	. Firm/Company	
36 ARL	INGTON ROAD SOUTH	
	Address	
JACKS	ONVILLE, FL 32216	
	City/State and Zip co	ode
SHERI@	BSICONTRACTORSERVICES.	COM
	E-mail address: (to be used for future	e annual report notification)
For further in	nformation concerning this matter, please call:	
HOWAI	RD V. MANGUM at (417) 58	1-0304
Nan	ne of Person Area Code & I	Daytime Telephone Number
New Divis Clift 2661 Talla	EET/COURIER ADDRESS: Filing Section sion of Corporations on Building Executive Center Circle shassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
□ \$70.00 Fi	ů –	5 Filing Fee & Sertificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2013

SHERI HORNE 36 ARLINGTON RD S JACKSONVILLE, FL 32216

SUBJECT: NORTHSTAR CONSTRUCTION MANAGEMENT COMPANY, INC.

Ref. Number: W13000067226

We have received your document for NORTHSTAR CONSTRUCTION MANAGEMENT COMPANY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 413A00028002

www.sunbiz.org

Division of Cornerations P.O. ROV 6397 Tellahassee Florida 39314

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,"

NORTHSTAR CONSTRUCTION MANAGEMENT COMPANY, INC.

"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) **MISSOURI** (State or country under the law of which it is incorporated) (FEI number, if applicable) 04/14/2008 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") UPON QUALIFICATION (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7 36 ARLINGTON ROAD SOUTH, JACKSONVILLE, FL 32216 (Principal office address) (Current mailing 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) SHERI HORNE - BSI CONTRACTOR SERVICES Name: 36 ARLINGTON ROAD SOUTH Office Address: JACKSONVILLE

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.

(City)

(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.

A. DIRECTORS Chairman: HOWARD V MANGUM Address: 604 NORTH MONTCLAIR WAY, NIXA, MO 65714 Vice Chairman: JOE BURCH Address: 1928 HOLLYSPRINGS AVENUE, NIXA, MO 65714 Director: Address: _ **B. OFFICERS** President: HOWARD V. MANGUM Address: 604 NORTH MONTCLAIR WAY, NIXA, MO 65714 Vice President: JOE BURCH Address: 1928 HOLLYSPRINGS AVE, NIXA, MO 65714 Secretary: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. MODGAM ASACOM (Typed or printed name and capacity of person signing application)

12. Names and business addresses of officers and/or directors: *

STATE OF MISSOURI



Jason Kander Secretary of State 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

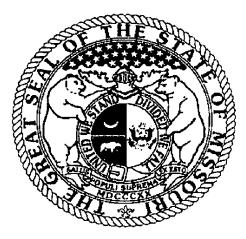
NORTHSTAR CONSTRUCTION MANAGEMENT COMPANY, INC. 00889578

was created under the laws of this State on the 14th day of April, 2008, 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 20th day of November, 2013

brown process

Secretary of State



Certification Number: 15761067-1 Reference:

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