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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

W13-67232

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: HOOD-RICH, N.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:
JAIAES G. LOHNETER Name of Person
Name of Person
HOOD-PICH, LHC.
Firm/Company
801 S. GLENSTONE DIE.
Address
City/State and Zip code
City/State and Zip code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
\nass G nasses 2 or (417) 202-4483
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 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 Sectificate of Status Status Sectified Copy Sectified Copy Sectified Copy Sectified Copy Sectified Copy Certified Copy Section Secti



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2013

JAMES .. LOHMEYER 801 S. GLENSTONE AVE SPRINGFIELD, MO 65802

SUBJECT: HOOD-RICH, INC. Ref. Number: W13000067232

We have received your document for HOOD-RICH, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 713A00028003

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOR	PEIGN CORPORATION TO TRANSACT PLCH : NUC :	STATUTES, THE FOLLOWING IS SUBMI BUSINESS IN THE STATE OF FLORIDA.			
(Enter name of co "Inc.," "Co.," "Co	rporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"			
(If name unavaila	ble in Florida, enter alternate corporate name	e adopted for the purpose of transacting busines.	s in Florida)	•	
2. M139	30 vei 3	. (FEI number, if applicable)			
4. 24 Date	of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual"))	
6.					
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		,	
7801	9. GUENSTONE AVE. (Principal office add	COPELLYFIELD, MO GO	F002	•	
201	, ,	OPENAFIELD, MO 6	5902		
8. APG	AMECTURAL		SEC	ಡ 	
(Purpose(s)	A ITECTURAL of corporation authorized in home state or e	ountry to be carried out in state of Florida)	2 20	DEC 23	•
9. Name and street	address of Florida registered agent: (P.	.O. Box NOT acceptable)	ASS. ASS.		1
Name:	MRAI, INC		निर्मे तुर्दे स्मार्टि	PH t:	[]
Office Address:	1200 G. PINE SLAN	10 RO	LOS:	t: 0 3	1 1100
	PLANTATION (City)	, Florida 33324	DA Fi	₩	
	(City)	(Zip code)			
lesignated in this (further agree to co	ed as registered agent and to accept serv application, I hereby accept the appoint	vice of process for the above stated corpor tment as registered agent and agree to act relative to the proper and complete perfor of my position as registered agent.	t in this capa	icity. I	
·	\bigcirc \bigcirc \bigcirc \bigcirc	<u> </u>			

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)

Sean Emerick, Asst. Secretary

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: _____ Address: _ Address: **B. OFFICERS** President: -) AMES S. LOHMEYER, AIA S. GLEHTTOHE SPF w. Mo. 65002 Treasurer: Address: NOTE: If necessary, you may attach an addengtum 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

(Typed or printed name and capacity of person signing application)

a third degree felony as provided for in s.817.155, F.S.

are true and that he or she is aware that false information submitted in a document to the Department of State constitutes

STATE OF MISSOURI



Jason Kander Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

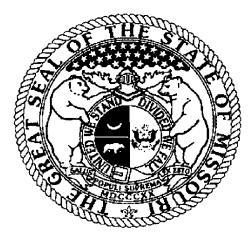
I, JASON KANDER, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

HOOD-RICH, INC. 00331589

was created under the laws of this State on the 24th day of August, 1989, 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 17th day of December, 2013

Secretary of State



Certification Number: 15801236-1 Reference:

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