

F/400000/307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

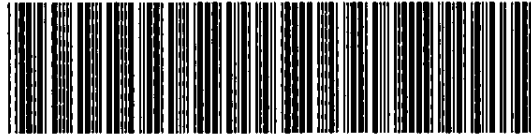
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/07/14--01035--005 **78.75

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14 MAR 24 AM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W 14 - 15378

03/25/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2014

ROCK HALL
APPLICATION SOFTWARE, INC.
PO BOX 6044
COLUMBIA, MO 65205

SUBJECT: APPLICATION SOFTWARE, INC.
Ref. Number: W14000015378

RECEIVED
14 MAR 24 PM 12:07
TALLAHASSEE, FLORIDA

We have received your document for APPLICATION SOFTWARE, 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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 the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 914A00005210

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Application Software, Inc.

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:

Rock Hall

Name of Person

Application Software, Inc.

Firm/Company

PO Box 6044

Address

Columbia MO 65205

City/State and Zip code

rhall@asiflex.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rock Hall

Name of Person

at (573) 777-5611

Area Code & Daytime Telephone Number

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:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

1. Application Software, Inc.

(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)

2. Missouri **3. 43-1303571**

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 10/12/83

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon registration

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 201 W. Broadway, Bldg 4C, Columbia MO 65203

(Principal office address)

PO Box 6044, Columbia MO 65205

(Current mailing address)

8. Administer Benefit Plans for Employers, any legal purpose

(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: **InCorp Services, Inc.**

Office Address: **17888 67th Court North**

Loxahatchee

(City)

Florida 33470

(Zip code)

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TALLAHASSEE, FLORIDA

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.

Heather Nee for Incorp Services, Inc.

(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: John Riddick

Address: 602 Rollins Ct., Columbia MO 65203

Vice Chairman: Sarah Riddick

Address: 602 Rollins Ct., Columbia MO 65203

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: John Riddick

Address: 602 Rollins Ct.
Columbia MO 65203

Vice President: Rock Hall

Address: 1700 Forum Blvd, Apt 2004
Columbia MO 65203

Secretary: Sarah Riddick

Address: 602 Rollins Ct., Columbia MO 65203

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Rock Hall
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.

14. Rock Hall, VP

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF MISSOURI



Jason Kander
Secretary of State

**CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

APPLICATION SOFTWARE, INC.
00257029

was created under the laws of this State on the 12th day of October, 1983, 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 1st day of February, 2014

A handwritten signature of Jason Kander in cursive script.

Secretary of State

