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ALLAHASSEE FLORIDA

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COVER LETTER

то:	New Filing Sec Division of Co					
	000	-	SSOCIA	TES, INC.		
SUBJI	ECT: CON	w		n - must include suffix		
D 0			, , , , , , , , , , , , , , , , , , , ,			
Dear S	ir or Madam:					
"Certif	icate of Existend	tion by Foreign (ce," or "Certifica gn corporation to	te of Good Sta	r Authorization to Transa nding" and check are sub ess in Florida.	ct Business in Florida," omitted to register the	
Please	return all corres	pondence concer	ning this matte	er to the following:		
THO	DMAS PO	DLESNY				
			Name of	Person		
CO	RTLAND	ASSOCIA	TES, IN	C.		
			Firm/Co	npany		
800	0 MARYL	AND, SU	ITE 730			
CLA	YTON, M	1O 63105	Add	ress		
			-	and Zip code		
podl	esny@cor	tlandassoc				
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For fur	ther information	concerning this	matter, please	call:		
Tho	mas Podl	esnv	.314	726-6164		
Name of Person		at (Area	4) 726-6164 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			ess:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclos	ed is a check for	the following a	mount:			
s 70	0.00 Filing Fee	S78.75 Fil Certificate	ing Fee &	□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Cortianu	Associates, Inc.		か 元 (で	VOV
(Enter name of countries," "Co" "C	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	7888 FL	(2) PH (2:
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in	n Florida)	2
Missouri	3	43-1504890	7.5	
	y under the law of which it is incorporated)	(FEI number, if applicable)		_
2/2/1989	5.	Perpetual		
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "pe	erpetual")	_
999 Vand		in Florida, if prior to registration) 502. F.S., to determine penalty liability) Naples, FL 3408 dress)	<u> </u>	_
Name and stree	(Current mailing added to the control of the contro			
Name and stree	_			_
Name:	et address of Florida registered agent: (P.	O. Box NOT acceptable)		-
	t address of Florida registered agent: (P. Thomas Podlesny	O. Box NOT acceptable) 211		
Name:	t address of Florida registered agent: (P. Thomas Podlesny 999 Vanderbilt Beach Rd #	O. Box NOT acceptable)		

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS		
Chairman: William Carey		
Address: 8000 Maryland Ave, Suite 730		
Clayton, MO 63105		
Vice Chairman: Thomas Podlesny	14 H	
Address: 26420 Hickory Blvd	NOV 2	
Bonita Springs, FL 34134	P 3) 445 MI.
Director: William Carey	.: .:	****
Address: 8000 Maryland Avenue, Suite 730	2	
Clayton, MO 63105		
Director: Thomas Podlesny		
Address: 26420 Hickory Blvd		
Bonita Springs, FL 34134		
B. OFFICERS		
President: William Carey		
Address: 8000 Maryland Avenue, Suite 730		
Clayton, MO 63105		
Vice President: Thomas Podlesny		
Address: 26420 Hickory Blvd		
Bonita Springs, FL 34134		
Secretary: Thomas Podlesny		
Address: 26420 Hickory Blvd, Bonita Springs, FL 34134		
Thomas Podlesny		
Address: 26420 Hickory Blvd, Bonita Springs, FL 34134		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direct	tors.	
12. \(\text{Signature of Director or Officer} \)		······································
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts st	ated he	rein

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.

13. Thomas Podlesny, Vice Chairman and Director

STATE OF MISSOURI



Jason Kander Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

TALLAHASSEE, FLORIDA

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

CORTLAND ASSOCIATES, INC. 00324257

was created under the laws of this State on the 2nd day of February, 1989, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 18th day of November, 2014.

Secretary of State

Certification Number: CERT-11182014-0016

