

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone

Fax Number : (850)878-5369

**Enter the email address for this business entity to be used for further annual report mailings. Enter only one email address please.

| Email | Address: | | | |
|-------|----------|--|--|--|

FOREIGN PROFIT/NONPROFIT CORPORATION 2401 NW MBS Member, Inc.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$70.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

1/22/2015

COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: 2401 NW MBS Member, 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: |
| Anne E. Walker |
| Name of Person |
| McCormack Baron Salazar, Inc. |
| Firm/Company |
| 720 Olive Street, Suite 2500 |
| Address |
| Saint Louis, MO 63101 |
| City/State and Zip code |
| anne.walker@mccormackbaron.com E-mail address: (to be used for future annual report notification) |
| |
| For further information concerning this matter, please call: |
| Anne E. Walker at 314 335-2946 |
| Name of Person Area Code & Daytime Telephone Number |
| |
| STREET/COURIER ADDRESS: New Filing Section New Filing Section New Filing Section |
| |
| Division of Corporations Clifton Building Division of Corporations P.O. Box 6327 |
| |
| Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: |
| ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status ☐ \$78.75 Filing Fee & ☐ \$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.

| 2. Missouri (State or country under the law of which it is incorporated) 4. 1/16/2015 (Date of insorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 720 Olive Street, Sulte 2500, Saint Louis, MO 63101 (Principal office address) 720 Olive Street, Sulte 2500, Saint Louis, MO 63101 (Current mailing address) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation (City) 9. 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 | | | adopted for the purpose of transacting business in Florida | • |
|--|---------------------------|---|--|---------|
| (Date of insurporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 720 Olive Street, Suite 2500, Saint Louis, MO 63101 (Principal office address) 720 Olive Street, Suite 2500, Saint Louis, MO 63101 (Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System Office Address: 1200 South Pine Island Road Plantation (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place | _{2.} Missouri | | | Maryall |
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| (Principal office address) 720 Olive Street, Suite 2500, Saint Louis, MO 63101 (Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System 1200 South Pine Island Road Plantation (City) 7. Florida 33324 (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place | | • | | |
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| Office Address: 1200 South Pine Island Road | | (Current manual auc | 100 pm | م |
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| (City) (Zip code) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place | Office Address: | 1200 South Pine Island Roa | | = |
| (City) (Zip code) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place | | Plantation | Florida 33324 | 2 |
| Having been named as registered agent and to accept service of process for the above stated corporation at the place | | (City) | (Zip code) | 7 |
| further agree to comply with the provisions of all statutes relative to the proper and complete performance of my | Having been nan | ed as registered agent and to accept serv | | |

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.

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| 11. Names and business addresses of officers and/or directors: | IS SAN ZZ AN II-Z |
|---|--|
| A. DIRECTORS | SECRETARY OF STATE TALLAHASSEE, FLORID, |
| Chairman: See attached listing of Officers and Directors | ALUMINSSEE, PEUMO) |
| Address: | |
| · | |
| Vice Chairman: | |
| Address: | |
| | · · |
| Director: | |
| Address: | |
| | |
| Director: | |
| Address: | |
| | |
| B. OFFICERS | |
| President: See attached listing of Officers and Directors | |
| Address: | |
| | |
| Vice President: | |
| Address: | |
| | , |
| Secretary: | |
| Address: | |
| Treasurer: | |
| Address: | |
| NOTE: If hecessary, you may attach an addendum to the application listing addi | tional officers and/or directors. |
| 12. Mary 13. | |
| Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 abo | ve) affirms that the facts stated herein |
| are true and that he or she is aware that false information submitted in a documen a third degree felony as provided for in s.817.155, F.S. | t to the Department of State constitutes |
| 13. Hillary B. Zimmerman, Vice President | • |

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

CORPORATE OFFICERS AND DIRECTORS

| Office Title | Officer Name | Elected | Expires |
|----------------|--|--------------------------------------|-----------------------------|
| Director | Hillary B. Zimmerman Office Address | . , | 2500, St. Louis, MO 63101 |
| Director | Kevin J. McCormack Office Address | 1/16/2015 720 Olive Street, Suite | 2500, St. Louis, MO 63101 |
| Director | Vincent R. Bennett Office Address | 1/16/2015 720 Olive Street, Suite | 2500, St. Louis, MO 63101 |
| President | Kevin J. McCormack Office Address | 1/16/2015 720 Olive Street, Suite | 2500, St. Lauis, MO 63101 |
| Secretary | Hillary B. Zimmerman Office Address | , | : 2500, St. Louis, MO 63101 |
| Treasurer | Kim Hartmann Office Address | 1/16/2015 720 Olive Street, Suite | 2500, St. Louis, MO 63101 |
| Vice President | Hillary B. Zimmerman Office Address | | 2500, St. Louis, MO 63101 |
| Vice President | Kim Hartmann Office Address | 1/16/2015 720 Olive Street, Suite | 2500, St. Louis, MO 63101 |
| Vice President | Michael C. Duffy Office Address | 1/16/2015 720 Olive Street, Suite | 2500, St. Louis, MO 63101 |
| Vice President | Vincent R. Bennett Office Address | 1/16/2015 720 Olive Street, Suite | 2500, St. Louis, MO 63101 |

SECRETARY OF STATE

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STATE FLORIDA

STATE OF MISSOURI



Jason Kander Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

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

2401 NW MBS Member, Inc. 001365328

was created under the laws of this State on the 16th day of January, 2015, 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 16th day of January, 2015.

Recorded Lat State

Certification Number: CERT-01162015-0036

