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SECRETARY OF STATE
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14

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Thouvenot, Wade & Moerchen, 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:			
Robert S. DeConcini			
Name of Person			
Thouvenot, Wade & Moerchen, Inc.			
Firm/Company			
.4940 Old Collinsville Road			
Address Swansea, IL 62226			
City/State and Zip code			
rdeconcini@twm-inc.com OR ahammer@twm-inc.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Jennifer Wolkiewicz at (618) 624-4488			
Name of Person 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:			
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$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.

	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")			
TWM, In	c.		·	•
(If name unavail	able in Florida, enter alternate corporate nan	e adopted fo	or the purpose of transacting but	siness in Florida)
Missouri		37-10	37-1042595	
(State or count	y under the law of which it is incorporated)	(FEI number, if applicable)		ble)
03/31/19	78	perp	perpetual	
(Date	e of incorporation)	(Duratio	n: Year corp. will cease to exis	t or "perpetual")
N/A				
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607 Collinsville Road, Swans	1502, F.S.,	to determine penalty liability)	
4940 Old	(SEE SECTIONS 607.1501 & 607. Collinsville Road, Swans (Principal office a	1502, F.S., ea, IL (dress)	to determine penalty liability) 62226	Z.
4940 Old 4940 Old	(SEE SECTIONS 607.1501 & 607. Collinsville Road, Swans (Principal office a Collinsville Road, Swansea (Current mailing a	1502, F.S., ea, IL (dress) , IL 622 (dress)	to determine penalty liability) 62226 226	SECRETAL TALLAHASS
4940 Old 4940 Old	(SEE SECTIONS 607.1501 & 607 Collinsville Road, Swans (Principal office a Collinsville Road, Swansea (Current mailing a	1502, F.S., ea, IL 6 dress) , IL 622 dress)	to determine penalty liability) 62226 226	SECREPARY (TALLAHASSEE
4940 Old 4940 Old	(SEE SECTIONS 607.1501 & 607. Collinsville Road, Swans (Principal office a Collinsville Road, Swansea (Current mailing a	1502, F.S., ea, IL 6 dress) , IL 622 dress)	to determine penalty liability) 62226 226	SECRETARY OF STALLAHASSEE, FLO
4940 Old 4940 Old Name and stre Name:	(SEE SECTIONS 607.1501 & 607 Collinsville Road, Swans (Principal office a Collinsville Road, Swansea (Current mailing a	1502, F.S., ea, IL 6 dress) , IL 622 dress)	to determine penalty liability) 62226 226	SECREJARY OF STATE
4940 Old 4940 Old Name and stre	(SEE SECTIONS 607.1501 & 607 Collinsville Road, Swans (Principal office a Collinsville Road, Swansea (Current mailing a et address of Florida registered agent: (Business Filings Incorpor	1502, F.S., ea, IL 6 dress) , IL 622 dress)	to determine penalty liability) 62226 226	SECREJARY OF STATE TALLAHASSEE, FLORING

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.

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:	15 MAY -6 PM 4: 23
A. DIRECTORS	onominative our CTATE
Chairman: Roland G. Thouvenot, P.E.	SECRETARY OF STATE TALLAHASSEE FLORIDA
Address: 4940 Old Collinsville Road	
Swansea, IL 62226	
Vice Chairman: Robert S. DeConcini, P.E.	
Address: 4940 Old Collinsville Road	
Swansea, IL 62226	
Director: Paul K. Homann, P.E.	
Address: 4940 Old Collinsville Road	
Swansea, IL 62226	
Director:	
Address:	
B. OFFICERS	•
President: Roland G. Thouvenot, P.E.	
Address: 4940 Old Collinsville Road	
Swansea, IL 62226	·
SrVP/Sec/Tre: Paul K. Homann, P.E.	
Address: 4940 Old Collinsville Road	
Swansea, IL 62226	
Asst. Sec: Robert S. DeConcini, P.E.	
Address: 4940 Old Collinsville Road, Swansea, II	L 62226
VP: Randall W. Burk	
Address: 4940 Old Collinsville Road, Swansea, Il	62226
NOTE: If necessary, you may attach an addendum to the application I	listing additional officers and/or directors.
Signature of Director or Of The officer or director signing this document (and who is listed in num are true and that he or she is aware that false information submitted in a third degree felony as provided for in s.817.155, F.S. Robert S. DeConcini P.E.	iber 12 above) affirms that the facts stated herein





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

THOUVENOT, WADE & MOERCHEN, INC. 00199531

was created under the laws of this State on the 31st day of March, 1978, 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 10th day of February, 2015.

Secretary of State

Certification Number: CERT-02102015-0041



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