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(Re	equestor's Name)					
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COVER LETTER

	Filing Section sion of Corporations		
SUBJECT	Midwest Minerals, Inc.	,	
		ion - must include suffix	
Dear Sir or I	Madam:		
"Certificate	d "Application by Foreign Corporation for Existence," or "Certificate of Good Sunced foreign corporation to transact bus	tanding" and check are subr	
	all correspondence concerning this mat	tter to the following:	
Charles Le			
	Name ·	of Person	
Midwest M	linerals, Inc.		·
	Firm/C	ompany	
1302 E. La	ambright Street		
	Ad	dress	
Tampā, Fi	_ 33604		
·	City/State	e and Zip code	
cblee@xst			
	E-mail address: (to be use	ed for future annual report no	otification)
För fürther i	nformation concerning this matter, pleas	ê call:	
Terri Svih	la at (812) 238-9202	
Nan	ne of Person Are	ea Code & Daytime Telepho	ne Number
New Divi Clift 2661 Talla	EEET/COURIER ADDRESS: Filing Section sion of Corporations on Building Executive Center Circle ahassee, FL 32301 a check for the following amount:	MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations
⊠ \$7 0.00 Fi	ling Fee	☐ \$78.75 Filing Fee & Certified Copy	Sand Status & 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. Midwest Min		F2F> 2	"COMPANY" "CORRORATION"		
	corporation; must include "INCORPORATI Corp," "Inc," "Co," or "Corp.")	ED,	"COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate na	ıme :	dopted for the purpose of transacting busines	s in Florida)	
2. Indiana			35-1300709	_	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)		
4. <u>6/30/1973</u>		5.	Perpetual		
(Date	e of incorporation)		(Duration: Year corp. will cease to exist or	'perpetual")	
6. 1/1/2015					
			Florida, if prior to registration) 02, F.S., to determine penalty liability)		
7. <u>1302 E. Lan</u>	nbright Street, Tampa, FL 33604				
	(Principal office	addı	ess)		
1302 E. La	mbright Street, Tampa, FL 33604	4		15	43
	(Current mailing	addı	ess)		in the second
				*****	1300
8. Name and stree	et address of Florida registered agent:	(P.C	Box NOT acceptable)	~	
Name:	Charles Lee			AM 10: 50	
0.0°	1202 E. Lambright Street			cη . Ģ	
Office Address:	1302 E. Lambright Street			0	Ÿ.
	Tampa		, Florida <u>33604</u>		ž.
	(City)		(Zip code)		
. Registered age	ent's acceptance:				
Having been nam	ed as registered agent and to accept s	ervi	ce of process for the above stated corpor	ation at the j	lace
further agree to c	comply with the provisions of all statut	tes r	nent as registered agent and agree to act elative to the proper and complete perfo	in this capac rmance of m	ity.
duties, and I am j	familiar with and accept the obligation	ns oj	my position as registered agent.	,	
		/	2		
	Class				
	(Registered agent	's si	gnature)		

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: NA Address: Vice Chairman: Address: ___ Director: _ Director: _ **B. OFFICERS** President: Charles B. Lee 1302 E. Lambright Street Address: _ Tampa, FL 33604 Vice President: Address: __ Secretary: _ Address: __ NOTE: If necessary, you may attach an addendum 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 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. CHARLES B. LEF 13. _____ (Typed or printed name and capacity of person signing application)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

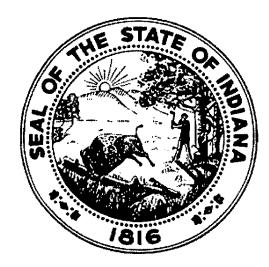
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

MIDWEST MINERALS INC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 17, 1973, and was in existence or authorized to transact business in the State of Indiana on June 15, 2015.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fifteenth Day of June, 2015.

Corrie Lawson

Connie Lawson, Secretary of State

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