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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

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

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FOREIGN PROFIT/NONPROFIT CORPORATION

American Sportsman Holdings Co.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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A.F.	,	
*	COVER LETTER	
	istration Section ision of Corporations	
SUBJECT	American Sportsman Holdings Co.	
DODUMET	Name of corporation - must include suffix	
Dear Sir or N	Madam:	
"Certificate	d "Application by Foreign Corporation for Authorization to Transact Busion of Existence," or "Certificate of Good Standing" and check are submitted need foreign corporation to transact business in Florida.	iness in Florida," to register the
Please return	all correspondence concerning this matter to the following:	
Patty Boverie		
	Name of Person	
CT Corporation	on System	
	Firm/Company	₹s ≥
120 S. Clayto	n Ave., Suite 400	2015 SECT
Clayton, MO	Address 63105	SEP 2 /
	City/State and Zip code	Mo
CLS-Clayton7	Feaml@wolterskluwer.com	F.F.S
	E-mail address: (to be used for future annual report notifica	
For further in	formation concerning this matter, please call:	ST NDA
Patty Boverie	, 866 466-6274	
Nam	at (umber
Regis Divis Clifta 2661	EET/COURIER ADDRESS: Stration Section ion of Corporations on Building Executive Center Circle hassee, FL 32301 MAILING ADDRES Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	ons
Enclosed is a	check for the following amount:	
□ \$70.00 Fil	Certificate of Status Certified Copy C	37.50 Filing Fee, certificate of Status &

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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.

(State or country under the law of which it is incorporated) (FEI number, if applicable) (Oate of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 500 East Kearney Street, Springfield, MO 65898 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System 1200 South Pine Island Road	(If name unavai	lable in Florida, enter alternate corporate name s		ng business in Florida)
(State or country under the law of which it is incorporated) (Oste of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) S00 East Kearney Street, Springfield, MO 65898 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: C T Corporation System C T Corporation System C T Corporation System Plantation Plantation Florida Florida 733324	Missouri	3	43-1009055	
(Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 500 East Kearney Street, Springfield, MO 65898 (Principal office address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System CT Corporation System CT Corporation System Plantation Plantation Florida 33324		ry under the law of which it is incorporated)	(FEI number, if ap	
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Plantation , Florida 33324		et address of Florida registered agent: (P.O		AHA.
(City) (Zip code)	Name:	et address of Florida registered agent: (P.O		SEP 21 RETARY CAHASSEE
	Name:	et address of Florida registered agent: (P.O C T Corporation System 1200 South Pine Island Road	. Box <u>NOT</u> acceptable)	SEP 21 RETARY CAHASSEE
Registered agent's acceptance:	Name:	et address of Florida registered agent: (P.O.C.T. Corporation System 1200 South Pine Island Road Plantation	. Box <u>NOT</u> acceptable), Florida 33324	SEP 21 A II: RETARY OF STA AHASSEE, FLOR
	Name: ice Address: Registered agi	C T Corporation System 1200 South Pine Island Road Plantation (City)	. Box NOT acceptable), Florida 33324(Zip code)	SEP 21 A II: 57 RETARY OF STATE AHASSEE, FLORIDA
ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa	Name: ice Address: Registered ago ving been nam ignated in this	CT Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointm	Box NOT acceptable) , Florida 33324 (Zip code) re of process for the above states and agreement as registered agent and agreement agent and agreement agreement agent agent and agreement agreement agent ag	SEP 21 A 11:57 RETARY OF STATE AHASSEE, FLORIDA d corporation at the see to act in this cape
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ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capt ther agree to comply with the provisions of all statutes relative to the proper and complete performance of n ies, and I am familiar with and accept the obligations of my position as registered agent.	Name: fice Address: Registered agoing been name ignated in this other agree to contact the contact that is the contact that i	et address of Florida registered agent: (P.O.C.T. Corporation System 1200 South Pine Island Road Plantation (City) ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmomply with the provisions of all statutes register with and accept the obligations of	Box NOT acceptable) , Florida 33324, Florida (Zip code) re of process for the above states ent as registered agent and agriculative to the proper and comple my position as registered agent	RETARY OF STATE AHASSEE. FLORIDA A corporation at the tee to act in this cape the performance of n
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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.

	RECTORS		
Chairma	n: John L. Morris		
Address	2500 East Kearney Street		
	Springfield, MO 65898		
Vice Cha	airman:		
Director:			
Director:			
B. OFF	ICERS		
President	John L. Morris		
Address:	2500 East Kearney Street	SE TAL	
	Springfield, MO 65898	S SE	-
Vice Presi	ident: James A. Hagalo	EP 2	*********
Address:	2500 East Kearney Street	m≺ - m _c	П
	Springfield, MO 65898	A I	O
Secretary:	Larry K. Wilcher)	
Address:	2500 East Keamey Street, Springfield, MO 65898	A A	
Treasurer:			
Address:			
NOTE:	Ifinecessary, you may attach an addendum to the application listin	g additional officers and/or directors.	
12.	Leensk Willen		
	Signature of Director or Officer	1 above) affirms that the facts stated he	

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

STATE OF MISSOURY



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

AMERICAN SPORTSMAN HOLDINGS CO. 00160391

was created under the laws of this State on the 14th day of March, 1973, 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 21st day of September, 2015.

Secretary of State

Certification Number, CERT-09212015-0034