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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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OCT OT 2015 J. HARRIS

COVER LETTER

TO: Registration Sect Division of Corpo						
•	ancial Company					
SUBJEC1:	Name of corporati	on - must include suffix				
Dear Sir or Madam:						
"Certificate of Existence,	n by Foreign Corporation for "Certificate of Good St corporation to transact busi	anding" and check are sul				
Please return all correspo Todd Solomon	ndence concerning this mat	ter to the following:				
	Name o	of Person				
Delmar Financial Company						
	Firm/Co	ompany				
1066 Executive Parkway, S	uite 100					
	Ade	dress				
St. Louis, MO, 63141						
	City/State	and Zip code				
csinger@delmarfinancial.co	om					
	E-mail address: (to be use	d for future annual report	notification)			
For further information co	oncerning this matter, pleas	e call:				
Todd Solomon		434-7000				
Name of Person	at (Area Co	ode Daytime Telep	phone Number			
STREET/COUR Registration Sect Division of Corpe Clifton Building 2661 Executive C Tallahassee, FL	Center Circle 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
	\$78.75 Filing Fee & Certificate of Status	□ \$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

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.

(Enter name of o				D," "COM	/PANY,"	"CORPOR	LATION,"			
"Inc.," "Co.," "C	orp," "Inc," '	'Co," or "Corp.	")		ė	•	•	:	•	•
		•								
n/a			<u> </u>		· . · ·	٠		:		
(If name unavail	able in Florid	a, enter alterna	te corporate nam	e adopted	for the pu	rpose of tra	insacting bi	usin e ss i	in Florid	la)
Missouri				43-088	89809					
(State or country under the law of which it is incorporated)		·;		(FEI numbe	er, if applic	able)		 .		
04/26/1966				Perpen	ual					·
(Date	of incorpora	tion)	 ,	. <u> </u>	(Date o	f duration, i	if other than	ı perpet	ual)	—
n/a	-	•			•	,			•	
		E SECTIONS (nsacted business 507.1501 & 607.							
1066 Executive F		E SECTIONS (507.1501 & 607. , MO 63141	.1502, F.S.	., to determ	nine penalty				******
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		E SECTIONS (507.1501 & 607. , MO 63141 (Princ	1502, F.S.	, to detern	nine penalt			ALCA:	10 5105
n/a	arkway, suite	E SECTIONS (e 100, St. Louis	607.1501 & 607. , MO 63141 (Princ (Current mai	1502, F.S.	e address)	nine penalt			SECRETA	P015 OCT -
n/a	arkway, suite	E SECTIONS (e 100, St. Louis	(Current mai	1502, F.S.	e address)	nine penalt			SEGSETARY (007 -5
n/a Name and <u>stree</u> Name:	et address of	E SECTIONS (c. 100, St. Louis	(Current mai	1502, F.S.	e address)	nine penalt			TALLAHASSET FLO	0CT -5 AM
1066 Executive F n/a Name and stree Name: fice Address:	et address of	E SECTIONS 6: 100, St. Louis Florida regist	(Current mai	cipal office ling addre	e address) ass, if diffe	nine penalt			SEGRETARY OF STATE	007 -5

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 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.

Brennat Auter Osst Secretary An Business Glengo Shandred

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. DIRI	ECTORS (Markey Loring)			
Chairman				
Address:	13 N Walling Drive			
	St Louis, MO 63141			
Vice Chai	Matthew Levison			
Address:	13 N Walling Drive			
	St Louis, MO 63141			
Director:	Henry Levison			
Address:	15293 NOONING TREE CT			· · · · · · · · · · · · · · · · · · ·
714410557	CHESTERFIELD, MO 63017			
Director:	Todd Solomon			-
Address:	130 Bryn Wyck Pl			
radicss.	St Louis MO 63141			
B. OFF	ICERS	<u></u> ! ≯:	20	
President:	Matthew Levison		2015 00	Carry
Address:	13 N Walling Drive	32		Maria Maria
	St. Louis, MO 63141	Mag Mag	D'	
Vice Pres	ident:	(A)	<u></u>	Artic
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riddioss.				
Secretary:	Matthew Levison			
Address:	13 N Walling Drive, St. Louis MO 63141			
Treasurer:	Keith Maddox			
Address:	659 Spyglass Summit, Chesterfield, MO 63017			
	If necessary, you may attach an addendum to the application listing additional officers and/o	r direct	OFC	
12	Tricessary, you may attach an attachment the application listing additional officers and/o	i direct	015.	
'6	Signature of Director or Officer			
are true a	er or director signing this document (and who is listed in number 11 above) affirms that the land that he or she is aware that false information submitted in a document to the Department egree felony as provided for in s.817.155, F.S.			
	hew Levison			

Delmar Financial Company

Addendum to Application by Foreign Corporation for Authorization to Transact Business in Florida

11A. Additional Director:

Keith Maddox 659 Spyglass Summit Chesterfield, MO 63017

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

DELMAR FINANCIAL COMPANY 00120508

was created under the laws of this State on the 26th day of April, 1966, 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 2nd day of October, 2015.

Secretary of State

Certification Number: CERT-10022015-0118

