

FILE0000002373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

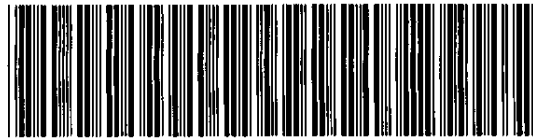
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600286017006

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
16 MAY 24 AM 8:30


RECEIVED
DEPARTMENT OF STATE
16 MAY 24 PM 2:11

MAY 25 2016
J. HARRIS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 152627 5017647

AUTHORIZATION : 

COST LIMIT : \$ 70.00

ORDER DATE : May 24, 2016

ORDER TIME : 10:11 AM

ORDER NO. : 152627-005

CUSTOMER NO: 5017647

FOREIGN FILINGS

NAME: CAPLACO TWELVE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations
Caplaco Twelve, Inc.

SUBJECT: _____
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:
George K. Capps

| | |
|--|-------------------------|
| Caplaco Twelve, Inc. | Name of Person |
| 11850 Studt Avenue, PO Box 419121 | Firm/Company |
| St. Louis, MO 63141 | Address |
| kc@caplaco.com | City/State and Zip code |
| E-mail address: (to be used for future annual report notification) | |

For further information concerning this matter, please call:

| | | |
|-----------------|------------|--------------------------|
| George K. Capps | 314 | 991-8900 |
| _____ | at (_____) | _____ |
| Name of Person | Area Code | Daytime Telephone Number |

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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 & 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.*

Caplaco Twelve, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- _____
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Missouri 3. 43-1167155
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 5, 1978 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
- 11850 Studt Avenue, PO Box 419121, St. Louis, MO 63141
7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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 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.

Corporation Service Company

By: _____

(Registered agent's signature)

Courtney Williams
Asst. Vice President

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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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: George K. Capps
11850 Studt Avenue, PO Box 419121
Address: St. Louis, MO 63141

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: George K. Capps
11850 Studt Avenue, PO Box 419121
Address: St. Louis, MO 63141

Vice President: _____
Address: _____

Secretary: Daniel J. Capps
11850 Studt Avenue, PO Box 419121, St. Louis, MO 63141
Address: _____

Treasurer: _____
Address: _____

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STATE OF MISSOURI
JAIL ADMINISTRATIVE DIVISION

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. George K. Capps
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. George K. Capps, President
(Typed or printed name and capacity of person signing application)

STATE OF MISSOURI



Jason Kander
Secretary of State

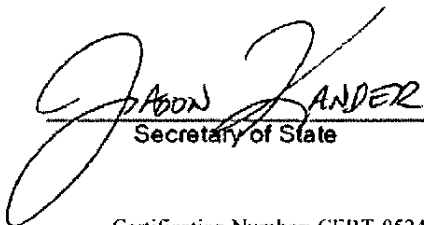
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

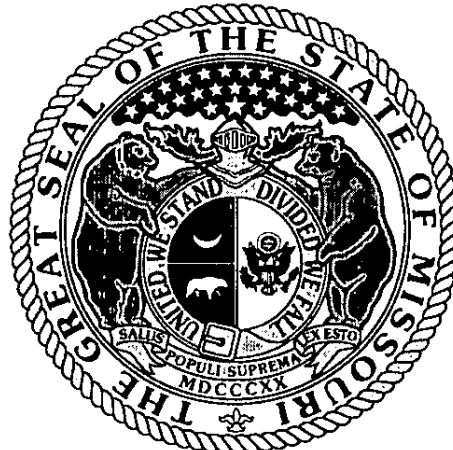
I, JASON KANDER, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

CAPLACO TWELVE, INC.
00205963

was created under the laws of this State on the 5th day of December, 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 24th day of May, 2016.


Secretary of State



Certification Number: CERT-05242016-0015