F16000004785

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| W16-72207 |

Office Use Only



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10/19/16--01021--017 **78.75

2016 OCT 26 A 1: 26
SECRETARY OF STATE
ASSEE FLORIDA

D. BRUCE OCT 26 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 24, 2016

JEFFREY SPECTOR 7 N. BEMISTON ST. LOUIS, MO 63105

SUBJECT: GERSHAM INVESTMENT CORP.

Ref. Number: W16000072207

We have received your document for GERSHAM INVESTMENT CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 516A000227

FILED

COVER LETTER

| | tration Secti | | | | | | | |
|---|---------------|---------------------------------|--------------|--|---|--------------------|-----------|-----|
| SUBJECT: | • | nvestment Corp. | | | | | | |
| SCBSECT. | | Name o | f corporat | ion - mu | st include suffix | | | |
| Dear Sir or M | ladam: | | | | | | | |
| "Certificate o | f Existence,' | | of Good S | tanding` | orization to Transac and check are sub Florida. | | | ,", |
| Please return | all correspor | ndence concerni | ng this ma | tter to th | e following: | | | |
| Jeffrey Spector | r | | | | | | | |
| | | | Name | of Perso | n | | | |
| Gershman Inve | estment Corp. | | | | | | | |
| | | | Firm/C | ompany | | | | |
| 7 N. Bemiston | | | | | | | | |
| · | | | Ac | ldress | | <u>.</u> | | |
| St. Louis, MO | 63105 | | | | | | | |
| jspector@gers | hman.com | | City/Stat | e and Zi | p code | TALLA | 2016 (| |
| | | E-mail address | : (to be use | ed for fu | ture annual report n | otification) | 8 | |
| For further in | formation co | oncerning this m | atter, pleas | se call: | | SSEE, F | 26 A | |
| Jeffrey Specto | r | | 314 at (| , 88 | 39-0635 | LOX STA | ** | |
| Nam | e of Person | | Area C | Code | Daytime Telepl | hone Number | 26 | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | S: | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | | |
| Enclosed is a | check for th | e following amo | ount: | | | | | |
| □ \$70.00 Fil | ing Fee | \$78.75 Filing Certificate o | | | .75 Filing Fee & tified Copy | S87.50 F Certifica | ate of St | |

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.

| | of corporation; must include "INCORPORA" | TED," "COMPANY," "CORPORATION, |)) | |
|--|---|--|---|--|
| "Inc.," "Co.," | "Corp," "Inc," "Co," or "Corp.") | | | |
| | | | | |
| (If name unav | railable in Plorida, enter alternate corporate n | ame adopted for the purpose of transacting | business in Florida) | |
| 2. Arkansas | | 3. 43-0710608 | | |
| (State or country under the law of which it is incorporated) | | d) (FEI number, if app | licable) | |
| June 24, 1955 | | Perpetual 5. | | |
| (D | Pate of incorporation) | (Date of duration, if other ti | nan perpetual) | |
| 6 | | | | |
| | (Date first transacted busin (SBE SECTIONS 607,1501 & 6 | ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability |) | |
| 7. 7 N. Bemiston | , St. Louis, MO 63105 | | | |
| | (P | rincipal office address) | | |
| | | | 7 | |
| | (Current) | mailing address, if different) | | |
| 0 11 and 4 | 44 CFU-U3 | (D.O. Day NOTblo) | AHA AHA | |
| o. Name and § | treet address of Florida registered agent: C T Corporation System | (F.O. Box NOT acceptable) | 26 SSE SSE | |
| Name: | C i Corporation System | | no M | |
| Office Address | 1200 South Pine Island Road | | F SI A | |
| | Plantation, FL | , Florida 33324 | RID. | |
| | (City) | (Zip code) | <i>y</i> 0 | |
| 9. Registered | agent's acceptance: | | | |
| Having been n | amed as registered agent and to accept | | | |
| designated in the | his application, I hereby accept the app o comply with the provisions of all stati | ointment as registered agent and agre utes relative to the proper and complet | e to act in this capacity. I e performance of my | |
| | m familiar with and accept the obligation | | polytoniance by my | |
| | C T Corporat | tion System Stefania Rocco | | |
| E | v: Sabura locco | Vice President | | |
| | (Regist | ered agent's signature) | | |

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:

| | ECTORS Jeffrey Gershman | | | | |
|-------------------------------------|--|---------------|---------------|------------------|------|
| Chairman Address: | 7733 Forsyth Blvd. | | - | | |
| Address: | Clayton, MO 63105 | | | | |
| Vice Chai | irman: | | | | |
| Address: | | | | | |
| Director: | Bettie Gershman | | | | |
| Address: | 7 N. Bemiston | | | · <u>-</u> | |
| tudicis. | St. Louis, MO 63105 | | | <u> </u> | |
| Director: | Albert J. Will | | | | |
| Address: | 7 N. Bemiston | | | | |
| radios. | St. Louis, MO 63105 | | | | |
| B. OFF | ICERS | | | | |
| President: | Albert J. Will | | | | |
| Address: | 7 N. Bemiston | | 7 | | |
| _ | St. Louis, MO 63105 | | ECH FLLA | 2016 | |
| vice Presi | Bruce Sandweiss | | HAS | DCT | |
| Address: | 7 N. Bemiston | | RY O SEE, | 92 | |
| _ | St. Louis, MO 63105 | | F. 37 | → | D |
| Secretary: | Thomas Stern | | RIDA | : 2 _b | |
| Address: | 7 N. Bemiston, St. Louis, MO 63105 | _ | | | |
| reasurer: | Wayne Hoffman | | | | |
| | 7 N. Bemiston, St. Louis, MO 63105 | | | | |
| | If necessary, you may attach an addendum to the application listing ac | | | r directo | ors. |
| The offic are true a third de | Signature of Director or Officer ter or director signing this document (and who is listed in number 11 and that he or she is aware that false information submitted in a docume tegree felony as provided for in s.817.155, F.S. | bove) affirms | s that the f | | |
| 13 | Alam J. Mason. (Typed or printed name and capacity of person signing | application) | | | |

ADDENDUM

A. Directors

Director: Diane Levine

Address: 7 N. Bemiston, St. Louis, MO 63105

Director: Scott Stern

Address: 7 N. Bemiston, St. Louis, MO 63105

B. Officers

Chief Operating Officer: Adam Mason

Address: 7 N. Bemiston, St. Louis, MO 63105

Chief Administrative Office: Mark Unangst Address: 7 N. Berniston, St. Louis, MO 63105

HILEU 2016 OCT 25 A II



Arkansas Secretary of State Mark Martin

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

Certificate of Good Standing

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

GERSHMAN INVESTMENT CORP.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office June 24, 1955.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 14th day of October 2016.

Mark Martin

Mark Martin

Secretary of State Authorization Code: 68e304fc88762b6

To verify the Authorization Code, visit sos.arkansas.gov