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COVER LETTER

TO: Registration Section Division of Corporations								
Grafton, Inc.								
SUBJECT: Name of corporation - must include suffix								
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 matte Terri Engle	r to the following:							
Name of	Person							
Grafton, Inc.								
Firm/Con	npany							
4501 College Blvd. Suite 160	•							
Addr	ess							
Leawood KS 66211								
•	and Zip code							
te.registrations@graftoninc.com								
E-mail address: (to be used	for future annual report notification)							
For further information concerning this matter, please	call:							
Terri Engle 913	498-0701							
Name of Person Area Cod	le 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 & S87.50 Filing Fee, Certified Copy 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.	Grafton, Inc.			
•	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Corp," "Inc," "Co," or "Corp.")			
	Grafton Staffing Companies	•		
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)			
2.		_		
	(State or country under the law of which it is incorporated) (FEI number, if applicable)			
4.	01/17/1989			
4,	(Date of incorporation) (Date of duration, if other than perpetual)	•		
,	11/11/16			
6.	(Date first transacted business in Florida, if prior to registration)	-		
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)			
-	4501 College Blvd Suite 160 Leawood, KS 66211			
1.	(Principal office address)	-		
		یـّـ		
	(Current mailing address, if different) (Current mailing address, if different) (Current mailing address, if different)	: :	<u> </u>	
	(Catalana and Catalana and Cata		5	**************************************
Ð	No. 1 de la della Scharida maintannel maneta (D.O. Day NOT navomtable)	-	Ē	1.1
ō	. Name and <u>street address</u> of Florida registered agent; (P.O. Box <u>NOT</u> acceptable)			-
	Name: NCR	\\ \tag{2}	٥	İTI
C	Office Address: 115 N Calhoun St Ste 4	V.		
	Tallahassee Florida 3230	25		
	(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.

(Registered 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.

Chairman: _ Address: ___ Vice Chairman: ___ Address: Director: __ Address: _ Director: Address: **B. OFFICERS** Carol J Carroll President: 12864 Bradshaw Address: Overland Park, KS 66203 Vice President: Address: _ Secretary: _ Address: _ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer 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.

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

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

A. DIRECTORS

Carol J Carroll President

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

GRAFTON, INC. 00323673

was created under the laws of this State on the 17th day of January, 1989, 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 November, 2016.

Secretary of State

Certification Number: CERT-11212016-0018