

F170000000043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

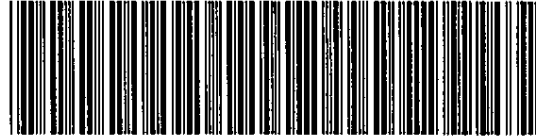
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2011 JAN -11 A 9 34  
SECRETARY OF STATE  
TAMMARTIN, FLORIDA

FILED

S Warren

JAN 05 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 23, 2016

KENNETH HEBERER  
5 RESEARCH PARK DRIVE  
ST. CHARLES, MO 63304

SUBJECT: DISTRIBUTION MANAGEMENT, INC.  
Ref. Number: W16000085766

We have received your document for DISTRIBUTION MANAGEMENT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is F16000002908 DISTRIBUTION MANAGEMENT COMPANY, INC..

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 916A00027362

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DISTRIBUTION MANAGEMENT, INC.

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:

*Ann Newbold Secretary*

Name of Person

DISTRIBUTION MANAGEMENT, INC.

Firm/Company

5 RESEARCH PARK DRIVE

Address

ST CHARLES, MO 63304

City/State and Zip code

*Ann.Newbold@distributionmgmt.com*

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANN NEWBOLD

636

720-3100

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:*

DISTRIBUTION MANAGEMENT, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.,")

DISTRIBUTION MANAGEMENT (MO), INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

MISSOURI

43-0969193

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

1/29/1971

PERPETUAL

(Date of incorporation)

(Date of duration, if other than perpetual)

1-1-2017

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

5 RESEARCH PARK DR, ST CHARLES, MO 63304

(Principal office address)

SAME

(Current mailing address, if different)

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

Name: CT CORPORATION SYSTEM

Office Address: 1200 S PINE ISLAND ROAD

PLANTATION

(City)

Florida

33324

(Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.*

*Nicole Chaurin*

(Registered agent's signature)

or, 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. DIRECTORS**

Chairman: THOMAS FLEMING  
Address: 5 RESEARCH PARK DR.  
ST. CHARLES, MO 63304

Vice Chairman: SEAN FLEMING  
Address: 5 RESEARCH PARK DR.  
ST. CHARLES, MO 63304

Director: KENNETH HEBERER, DIRECTOR  
Address: 5 RESEARCH PARK DR.  
ST. CHARLES, MO 63304

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

President: THOMAS FLEMING  
Address: 5 RESEARCH PARK DR.  
ST. CHARLES, MO 63304

Vice President: SEAN FLEMING  
Address: 5 RESEARCH PARK DR.  
ST. CHARLES, MO 63304

Secretary: ANN NEWBOLD  
Address: 5 RESEARCH PARK DR., ST. CHARLES, MO 63304

Treasurer: KENNETH HEBERER  
Address: 5 RESEARCH PARK DR., ST. CHARLES, MO 63304

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

12. Kenneth Heberer  
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. KENNETH HEBERER  
(Typed or printed name and capacity of person signing application)

FILED  
2011 JUN - 14 A 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# STATE OF MISSOURI



**Jason Kander**  
**Secretary of State**

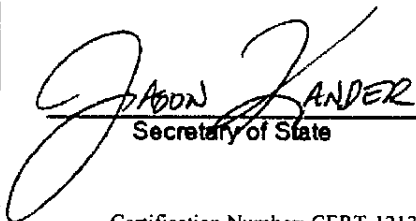
**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

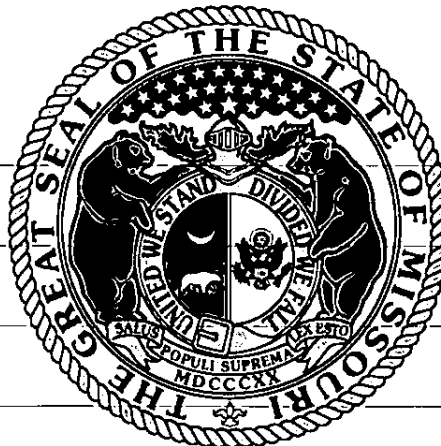
I, JASON KANDER, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

***DISTRIBUTION MANAGEMENT, INC.***  
***00146548***

was created under the laws of this State on the 18th day of February, 1971, 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 13th day of December, 2016.

  
Secretary of State



Certification Number: CERT-12132016-0089