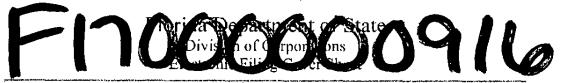
2/28/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000567473)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (614)280-3338 : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address | : | | |
|---------|---------|---|------|------|
| Ciliari | Address | · | | |

FOREIGN PROFIT/NONPROFIT CORPORATION

Whelan Event Staffing Services, Inc.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$70.00 |

Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

| то: | Division of Corporations | | | | | | | | | | | |
|---------------|---|---|------------------------------|---|-------------|--------|------------|----------------------------|--|---------------------|--|--|
| SUBJ | SUBJECT: Wholan Event Staffing Services, Inc. | | | | | | | | | | | |
| | , | | | Name | of corpore | ation | - Inust | include | suffix | | | |
| Dear S | li r or M | adam: | | | | | | | | | | |
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| l'leaso | return s | ill corresp | ando | nce concern | ing this m | atter | to the i | niwolloî | g: | | | |
| Ben Za | uring | | | | | | | | | | | |
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| Whela | | Staffing Sc | | , Inc. | | | | | | | | |
| | | | | | Firm/ | Com | any | | | | | |
| 1699 S | . Manley | Rond, Sui | te 350 | | | | | | | | | |
| | | | | | ٨ | ddre | SS | ·· | | | | |
| St. Lov | is, MO | 63144 | | | | | | | | | | |
| | | | | | City/Sta | ale an | d Zip o | | | | | |
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| For fu | ther inf | ormation | CONCE | rning this r | natter, ple | esc ce | all: | | | | | |
| Ben Ze | iring | | | | nt (314 | | 644- | 3227 | | | | |
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| Enclos | ed is a c | clieck for | the fo | llowing am | iount; | | | | | | | |
| ⊡ \$70 |).00 Fili | ng Fee | | 878.75 Filir Certificate | | 0 | | 5 Filing ied Copy | | ם | \$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,

| · · | alling Services, Inc. | | | | | | |
|-----------------------------------|---|---|-----------|--|--|--|--|
| (Enter name of co | orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATION," | | | | | |
| (If name unavails | able in Florida, enter alternate corporate name ac | ness in Florida) | | | | | |
| Missouri | 4 ' | 16-5054858 | | | | | |
| | y under the law of which it is incorporated) | (PEI number, if applicable | lc) | | | | |
| 03/03/2014 | 5 | | | | | | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | | | | | |
| N/A | | | | | | | |
| | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 oad, Suite 350, St. Louis, MO 63144 | | | | | | |
| | ~ | l office address) | | | | | |
| | (Current mailing | address, if different) | | | | | |
| 3. Name and <u>stree</u> Name: | t uddress of Florida registered agent: (P.O. C T Corporation System | Box NO'1' acceptable) | 17 FEB 28 | | | | |
| Office Address: | 1200 South Pine Island Road | | 3 | | | | |
| Jinee Address. | | | | | | | |
| Mice Address. | Plantation | , Florida | တူ 🤾 | | | | |

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 um familiar with and accept the obligations of my position as registered agent.

> CT Corporation System and with (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.

| 11. Names and business addresses of officers and/or directors: | | |
|---|--------------------|------------------|
| A. DIRECTORS | | |
| Chairman: Patrick Twardowski | | |
| Address: 1699 S. Hanley Road, Suite 350, St. Louis, MO 63144 | | |
| | | |
| Vice Chairman: Gregory Twardowski | | |
| Address: 1699 S. Hanley Road, Suite 350, St. Louis, MO 63144 | | - |
| | | |
| Director: Daniel Twardowski | | |
| Address: 1699 S. Hanley Road, Suite 350, St. Louis, MO 63144 | | |
| | | |
| Director: Jane Twardowski | | |
| Address: 1699 S. Hanley Road, Suite 350, St. Louis, MO 63144 | | |
| | | |
| B. OFFICERS | | |
| President: Gregory Twardowski | ·· | |
| Address: 1699 S. Hanley Road, Suite 350, St. Louis, MO 63144 | | |
| <u> </u> | | |
| Vice President: Duniel Twardowski | | . ,, |
| Address: 1699 S. Hanley Road, Suite 350, St. Louis, MO 63144 | | 199 |
| | 28 | |
| Secretary: Daniel Twardowski | > | 198 |
| Address: 1699 S. Hanley Road, Suite 350, St. Louis, MO 63144 | γ | <u> </u> |
| Treasurer: Daniel Twardowski | <u> </u> | <u>्र</u> ास्त्र |
| Address: 1699 S. Hanley Road, Suite 350, St. Louis, MO 63144 | | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers a | and/or directors | I. |
| 12. 95/ | | |
| Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that | t the facts stated | d herein |
| are true and that he or she is aware that false information submitted in a document to the Departr a third degree felony as provided for in s.817.155, F.S. | | |
| 13. Gregory Twardowski, President | | |
| (Typed or printed name and capacity of porson signing application) | | |





John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, 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

Whelan Event Staffing Services, Inc. 01382018

was created under the laws of this State on the 3rd day of March, 2014, 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 28th day of February, 2017

Secretary of State

Certification Number, CERT-02282017-0082

