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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Document Imaging Systems of St. Louis 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:

Adrienne Williams

Name of Person

Document Imaging Systems of St. Louis Inc

Firm/Company

1463 S. Vandeventer

Address

St. Louis, Missouri 63110

City/State and Zip code

awilliams@disrepro.com

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

For further information concerning this matter, please call:

Adrienne Williams

314 531-0167  
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.*

Document Imaging Systems of St. Louis, 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. 43-1699176  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 1-1-1995 5. \_\_\_\_\_  
(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)

7. 1463 S. Vandeventer St. Louis, Missouri 63110  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Andy Jean

Office Address: 20401 NW 2nd Avenue #303

Miami Gardens, Florida 33169  
(City) (Zip code)

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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.*

Andy Jean  
(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: Adrienne Williams

Address: 1463 S. Vandeventer  
St. Louis, Missouri 63110

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

President: Adrienne Williams

Address: 1463 S. Vandeventer  
St. Louis, Missouri 63110

Vice President:

Address:

Secretary: Charletta Johnson

Address: 1463 S. Vandeventer

Treasurer: St. Louis, Missouri 63110

Address:

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

12. 

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. Adrienne Williams, President

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

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SECRETARY OF STATE  
MACLAUSHELL, LONDON

# STATE OF MISSOURI



**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

***DOCUMENT IMAGING SYSTEMS OF ST. LOUIS, INC.***  
***00407389***

was created under the laws of this State on the 16th day of February, 1995, 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 June, 2017.

  
Secretary of State



Certification Number: CERT-06132017-0103