F17000003524

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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07/24/17--01017--021 **78.75

W17-61384

645



T. BURCH AUG 7 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: B. Ravies & Associat	E.Ia.
Name of corporation	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation fo "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busing	anding" and check are submitted to register the
Please return all correspondence concerning this matt	er to the following:
Beinin Prairies	
	f Person
Bhavies & Associates Inc	
Firm/Co	mpany
1309 S. Brosilway	
Add	ress
Ot. Louis MO 63104	ł
101	and Zip code
Kburkheart() b-raines.	I for future annual report notification)
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
V - 1	1 5 1 2
Name of Person Area Co	de Daytime Telephone Number
The Co	Daytine Pelephone Namoer
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



July 26, 2017

BRAINA RAINES 1309 S BROADWAY ST LOUIS, MO 63104

SUBJECT: B. RAINES CONSTRUCTION & ROOFING, INC.

Ref. Number: W17000061384

We have received your document for B. RAINES CONSTRUCTION & ROOFING, INC. 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 name listed in number one of the application must be identical to the name listed in the certificate of existence.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6052.

Tim Burch Regulatory Specialist III

Letter Number: 017A00015063

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLOR REGISTER A FOREIGN CORPORATION TO TRANS	RIDA STATUTES, THE FOLLOWING IS SUBMITTED TO SACT BUSINESS IN THE STATE OF FLORIDA.
1 B. Raines & Associa	Hes, Inc.
(Enter name of corporation; must include "INCORPORA" "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")	ATED," "CGMPANY," "CORPORATION,"
B. Roines Construction	
	e name adopted for the purpose of transacting business in Florida)
2 Missouri	: 204013478
(State or country under the law of which it is incorpora	(FEI number, if applicable)
4. 12:28:05	s. Perbetua O
(Date of incorporation)	(Date of duration, if other than perpetual)
6	
(Date first transacted bus (SEE SECTIONS 607-150) A	siness in Florida, if prior to registration) 6 607 1502, F.S., to determine penalty liability)
7.1309 S. Broadway, St	Lous, MO 03104 (Principal office address)
	, may a contradiction
(Curren	n mailing address, if different)
	7,
8. Name and street address of Florida registered agen	at: (P.O. Box NOT acceptable)
Name: URS Agents 11	C 33 4 =
	P P D
Office Address: 3458 Lakeshor	N. N.
Tallahassee	Florida ろとろして 語語 デ
(City)	(Zip code)
9. Registered agent's acceptance:	
Having been named as registered agent and to accept designated in this application. I hereby accept the ap-	ot service of process for the above stated corporation at the place oppointment as registered agent and agree to act in this capacity. I
further agree to comply with the provisions of all sta duties, and I am familiar with and accept the obligat	itutes relative to the proper and complete performance of my
URS Agents, LLC Christia	
	an Eubanks, Assistant Secretary
(Regi	stered 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: Brian J. Raines, President
Address: 1309, S. Broadway
St. Lauis, NO 63104
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Braines
Address: 1309 S. Broadway
St. Lavis, MO 63104
Vice President:
Address:
Secretary:
Address:
Treasurer:
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.
Burin J. Raises

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

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

B. Raines & Associates Inc. 01145581

was created under the laws of this State on the 1st day of June, 2011, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunte set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 20th day of July, 2017.

Certification Number: CERT-07202017-0021

