## F17000003841

(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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S. WARREN AUG 2 5 2017

#### **COVER LETTER**

	tration Section	ations				
SUBJECT:	Slay Transp	ortation Co., Inc				
		Name of	fcorporation	- must inclu	ide suffix	
Dear Sir or M	ladam:					
"Certificate o	f Existence,"		of Good Stan	ding" and cl	heck are sut	ct Business in Florida," omitted to register the
Please return Shannon Zar		dence concernin	ig this matter	to the follo	wing:	
			Name of I	Person		
Stinson Leon	ard Street LL	Р				
_			Firm/Com	pany		
7700 Forsyth	Blvd., Ste. 1	100				
			Addre	ss		
St. Louis, MC	63105					
		, , , ,	City/State ar	nd Zip code		<del></del>
shannon.zare	ek@stinson.co	om				
_ <del>_</del> _		E-mail address:	(to be used f	or future an	nual report	notification)
For further in	formation cor	ncerning this ma	tter, please c	all:		
Shannon Zarek		314	259-456	259-4561		
Nam	e of Person	a	Area Code	) : Da	ytime Telep	hone Number
		ER ADDRESS	:		AILING A	· ·
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 amou	int:			
<b>■</b> \$70.00 Fil	ing Fee 🗀	\$78.75 Filing Certificate of		\$78.75 Fill Certified C		\$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.

	corporation: must include "INCORPORATED," " [Orp," "Ine," "Co," or "Corp.")	COMPANY," "CORPORATION	N."
Missouri	able in Florida, enter alternate corporate name add		
(State or count		(FEI number, if ap	
February 1, 20	555	(Date of duration, if other	than perpetual)
	(Date first transacted business in Fl		
	(SEE SECTIONS 607,1501 & 607,1502 Ave., St. Louis, MO 63139		ity)
1441 Hampton	(SEE SECTIONS 607,1501 & 607,1502 Ave., St. Louis, MO 63139 (Principal)	, F.S., to determine penalty liabil	
1441 Hampton 7	(SEE SECTIONS 607,1501 & 607,1502 Ave., St. Louis, MO 63139 (Principal)	F.S., to determine penalty liabil office address)	17 AUG 23
1441 Hampton 7.  8. Name and stre	(SEE SECTIONS 607,1501 & 607,1502  Ave., St. Louis, MO 63139  (Principal (Current mailing content mailing cont	F.S., to determine penalty liabil office address)	17 AUG 23
1441 Hampton 7.  8. Name and stre Name:	(SEE SECTIONS 607.1501 & 607.1502  Ave., St. Louis, MO 63139  (Principal of Current mailing of Current mailing of Physics of Florida registered agent: (P.O. In NRAI Services, Inc.  1200 South Pine Island Road  Plantation	F.S., to determine penalty liabil office address)	17 AUG 23

#### 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.

NRAI Services, Inc.

By: James M. Halpin
Assistant Secretary
(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					
Gary E. Slay Chairman:					
1441 Hampton Avenue, St. Louis, MO 63139					
Address:					
<del></del>					
Vice Chairman:					
Address:					
Director:					
Address:					
Director:					
Address:					
	17 7				
B. OFFICERS					
See attached list of officers.	23				
President:					
Address:					
	<u> </u>				
Vice President:	<u> </u>				
Address:					
Secretary:					
Address:	<u> </u>				
Treasurer:					
Address:					
NOTE: If necessary, you may apach an addendum to the application listing addition	al 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) are true and that he or she is aware that false information submitted in a document to					
a third degree felony as provided for in s.817.155, F.S.	r				
13. Glen T. Slay, Vice President					
(Typed or printed name and capacity of person signing application)					

#### Slay Transportation Co., Inc.

## Attachment to Application by Foreign Corporation for Authorization to Transact Business in Florida

List of officers:

President: Gary E. Slay

1441 Hampton Avenue St. Louis, MO 63139

Vice President: Guy G. Slay

1441 Hampton Avenue St. Louis, MO 63139

Vice President: Glen T. Slay

1441 Hampton Avenue St. Louis, MO 63139

Vice President: Jill S. Garlich

1441 Hampton Avenue St. Louis, MO 63139

Secretary: Guy G. Slay

1441 Hampton Avenue St. Louis, MO 63139

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# STATE OF MISSOUR



#### 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

### SLAY TRANSPORTATION CO., INC. 00080630

was created under the laws of this State on the 27th day of April. 1953, 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 22nd day of August, 2017.

become any or output

Certification Number: CERT-08222017-0049

