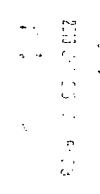
# F18000000761

(Reque	estor's Name)			
(Addre	SS)			
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(City/Si	tate/Zip/Phone #	)		
PICK-UP	☐ WAIT	MAIL		
(Busine	ess Entity Name)			
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(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filin	ng Officer:			
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Office Use Only



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FEB 15 2019 J. HARRIS CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT :	NO.	:	12000	0000195
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REFERENCE : 020075 8174230

AUTHORIZATION : XXXIII

COST LIMIT : \$ 1/70-00

ORDER DATE: January 15, 2018

ORDER TIME : 2:46 PM

ORDER NO. : 020075-001

CUSTOMER NO: 8174230

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#### FOREIGN FILINGS

NAME: M.S. W., INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

### **COVER LETTER**

	Filing Section of Corporation of Corporation (Corporation)				
SUBJECT:	M.S. W., I	NC.			
		Name of corporat	tion - mus	t include suffix	
Dear Sir or M	ladam:				
"Certificate o	f Existence.	n by Foreign Corporation " or "Certificate of Good 5 corporation to transact bus	Standing"	and check are sub	
Please return	all correspo	ndence concerning this ma	itter to the	e following:	
Ryan McCoy					
	•	Name	of Person	1	· · · · · · · · · · · · · · · · · · ·
MSW Inc.					
		Firm/C	Company		
7159 County	Road 200				
		A	ddress		
Joplin, MO, U	JS, 64801				
		City/Sta	te and Zip	code	
ryan@mswin	c.com				
		E-mail address: (to be us	ed for fut	ure annual report	notification)
For further in	formation c	oncerning this matter, plea	se call:		
Debbie Evan	S	at ( 417	)	673-19	901
Nam	e of Person	Ar	ea Code	& Daytime Teleph	one Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a	check for th	ne following amount:			
□ \$70.00 Fi	ling Fee	☐ \$78.75 Filing Fee & Certificate of Status		.75 Filing Fee & titled Copy	☐ \$87.50 Filing Fee. Certificate of Status &



January 30, 2018

CSC ROXANNE TURNER

SÚBJECT: M.S. W., INC. Ref. Number: W18000009494 Pleace give original

submission date as file date.

We have received your document for M.S. W., INC. and your check(s) totaling \$. 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 L02000011298.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 618A00001913

2018 FEB 14 PH 1: 46

# 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.

M.S. W., INC.					
	orporation; must include "INCORPORATED, orp." "Inc." "Co." or "Corp.")	" "COMPANY." "CORPORATION	19		
MSW Restaura	ant Furnishings INC.				
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in F	lorida)	
2 Missouri	3				
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)			
06-25-1984	5.	Perpetual			
4. (Date of incorporation) 5. (Duration: Year corp. will cease		(Duration: Year corp. will cease to	exist or "perp	etu al")	
6					
·	(Date first transacted business i	in Florida, if prior to registration)		-	
		502, F.S., to determine penalty liabilit	y)		
7159 County Ro	ad 200,Joplin,MO , 64801, US		<u>-</u>		
	(Principal office add	iress)			
7159 County Ro	oad 200, Joplin, MO, US, 64801		•	Na E i	
<del></del>	(Current mailing add	iress)	<u></u>	(a)	
0 N . 1 .	and an afternia and in a discussion of the second of the s	O. D. v. MOT ognavstahla)	•	,	
8. Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	· •	L Y	
Name:	Corporation Service Company		:	: .	
Office Address:	1201 Hays Street		•	<sup>'</sup> हो । •	
21	Tallahassee	 32301 , Florida	•	ÇO	
	(City)	(Zip code)			

#### 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.

Corporation Service Company

By: (Registered agent's signature)

Roxanne Turner
Asst. Vice President

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.

A. DIRECTORS Chairman: Address: Director: Curt McCoy 104 Silverwood Lane Joplin, MO 64801 Address: \_\_\_\_ Director: John Stank 19231 Ivy Rd Carthage MO 64836 Address: B. OFFICERS President: <u>Clay Stark</u> 1216 Wendy Lane Carthage MO 64836 Address: \_\_\_\_ Vice President: Ryan McCoy 20139 Old 66 Blvd Joplin MO 64801 Secretary: Ryan McCoy Address: 20139 Old 66 Blvd Joplin MO 64801 Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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. Ryan McCoy

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

11. Names and business addresses of officers and/or directors:

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

M.S. W., INC. 00265751

was created under the laws of this State on the 25th day of June, 1984, 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 26th day of January, 2018.

Certification Number: CERT-01262018-0054

