

F18000001078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

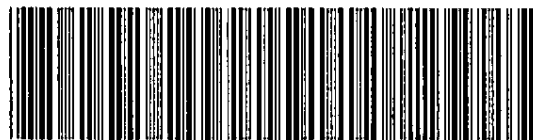
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

name DBA W18-13990

Office Use Only



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02/09/18--01013--006 **70.00

FILED
18 MAR - 1 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O. SIMMONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2018

ROBERT MUELLER
1685 GALT INDUSTRIAL BLVD
ST LOUIS, MO 63132

SUBJECT: SPOGEN BIOTECH, INC. D/B/A ELEMENTAL ENZYMES
Ref. Number: W18000013990

We have received your document for SPOGEN BIOTECH, INC. D/B/A ELEMENTAL ENZYMES and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 218A00002949

RECEIVED
MAR 01 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spogen Biotech, Inc. d/b/a Elemental Enzymes
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:

Robert Brian Mueller
Name of Person

Spogen Biotech, Inc. d/b/a Elemental Enzymes
Firm/Company

1685 Galt Industrial Blvd.
Address

Saint Louis, MO 63132
City/State and Zip code

brianm@elementalenzymes.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elsa Smith at (314) 4292885 ext: 212
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.*

Spogen Biotech 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)
Missouri 27-5172224

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
02/25/2011

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
01/01/2018

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
3197 Cortez Road, Suite 3, Jacksonville, FL 32246

7. _____
(Principal office address)

(Current mailing address, if different)

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

National Registered Agents

Name: _____

1200 South Pine Island Road

Office Address: _____


Plantation

33324

_____, Florida _____
(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.



Christine Keim

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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Brian Thompson

Chairman:

1685 Galt Industrial Blvd.

Address:

Saint Louis, MO 63132

Vice Chairman:

Address:

Steven Trampe

Director:

1685 Galt Industrial Blvd.

Address:

Saint Louis, MO 63132

Director:

Address:

B. OFFICERS

Brian Thompson

President:

1685 Galt Industrial Blvd.

Address:

Saint Louis, MO 63132

Katie Thompson

Vice President:

1685 Galt Industrial Blvd.

Address:

Saint Louis, MO 63132

Secretary:

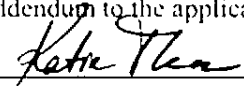
Address:

Treasurer:

Address:

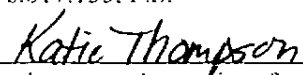
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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.

13.


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

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MAR - 1 AM 11:40
18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

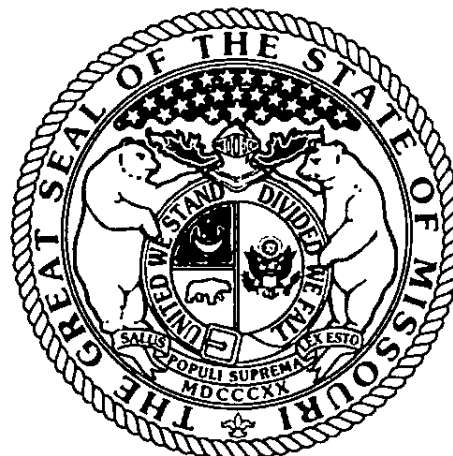
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

Spogen Biotech Inc
01121953

was created under the laws of this State on the 25th day of February, 2011, 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 31st day of January, 2018.


Secretary of State



Certification Number: CERT-01312018-0105