# F18000001136

(Requestor's Name)
(Address)
(Address)
(v.dalieco)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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15987

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### **COVER LETTER**

TO:	Registration S Division of C					
	Mach P	rivate Risk, Inc.				
SUBJI	ECT:	Name o	of corporatio	n - must	include suffix	
Dear Si	r or Madam:					
"Certifi	icate of Exister		of Good Sta	nding" :	and check are sub	ct Business in Florida," omitted to register the
Please ( Meghar		spondence concerni	ng this matte	er to the	following:	
		<del></del>	Name of	Person		
Mach P	rivate Risk, Inc.					
			Firm/Co	npany		
34 N B	rentwood Blvd,	Suite 204				
			Addı	ress	<u> </u>	<u>.                                    </u>
Clayton	ı, MO 63105					
			City/State	and Zip	code	
meghan	i@machprm.cor	n	·			
		E-mail address	: (to be used	for futu	re annual report	notification)
For fur	ther informatio	on concerning this m	atter, please	call:		
Meghan Mach		314 at (	325	325-2600		
	Name of Per		Area Co	, de	Daytime Telep	hone Number
Enclose	Registration S Division of C Clifton Build 2661 Executi Tallahassee, I	orporations ing ve Center Circle			MAILING A Registration S Division of C P.O. Box 632 Tallahassee. F	section orporations 7
	.00 Filing Fee	□ \$78.75 Filing		□ \$78.′	75 Filing Fee &	☐ \$87.50 Filing Fee.
	<b>Ç</b>	Certificate of	•		fied Copy	Certificate of Status &



February 16, 2018

MEGHAN MACH 34 N BRENTWOOD BLVD STE 204 CLAYTON, MO 63105

SUBJECT: MACH PRIVATE RISK, INC.

Ref. Number: W18000015987

We have received your document for MACH PRIVATE RISK, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Letter Number: 518A00003395

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

#### 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.

1.	Mach Private Ri					
		orporation; must include "INCORPORATED." \ orp." "Inc." "Co," or "Corp.")	·COMPANY," "CORPORATIO"	N."		
	Mach Private Ri	sk Management, Inc. / Mach PRM, Inc.				
	(If name unavaila	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacti	ng business ir	ı Florid	a)
2.	Missouri	3	7-5331898			
	(State or countr January 19, 201	y under the law of which it is incorporated)	(FEI number, if a	pplicable)		
4.		5.				
	(Date	of incorporation)	(Date of duration, if other	r than perpetu	al)	
6.	March 1, 2018					
		(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2. F.S., to determine penalty liabi	lity)		
7		sk, Inc. 2180 Immokalee Road, Suite 314, Naple	·	•		
			office address)			
	Mach Private Ri	sk, Inc. 34 N Brentwood Blvd, Suite 204, Clayto	n, MO 63105		18 	
		(Current mailing	address, if different)	;; ;;	hR -5	
8	Name and stree	et address of Florida registered agent: (P.O.	Box NOT accentable)	: • •	D	
٠,.	Transcription of the state of t	Matt Mach	ison <u>inor</u> accepanie,	,.;;,	 :	; 
	Name:	wat wach		X 3	AM .9: 49	٠,
О	ffice Address:	2180 Immokalee Road, Suite 314		E. rè GRUA	9	
		Naples	34110 , 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.

Matt Mach
(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. DIRE						
	Meghan Mach  21 N. Resonance I Block Suita 201 Clauton MO 63105					
Address: _	34 N Brentwood Blvd, Suite 204 Clayton MO 63105					
Vias Chain						
	man:					
Address: _						
Director:	Matt Mach					
_	34 N Brentwood Blvd, Suite 204 Clayton MO 63105					
_						
Director: _						
Address: _						
_		18				
B. OFFI	CERS	TA PA				
President:	Matt Mach	, v				
Address: _	34 N Brentwood Blvd, Suite 204 Clayton MO 63105	AM .9				
_	<u> </u>	- F				
Vice Presid	ient:	3 <del>+</del>				
Address: _						
_						
Secretary:	Meghan Mach					
Address: _	34 N Brentwood Blvd, Suite 204 Clayton MO 63105					
Treasurer:						
Address: _						
NOTE: 1	f necessary, you may attach an addendum to the application listing additional office	ers and/or directors.				
The office are true an a third deg	Signature of Director or Officer r or director signing this document (and who is listed in number 11 above) affirms id that he or she is aware that false information submitted in a document to the Departee felony as provided for in s.817.155, F.S.					

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

## MACH PRIVATE RISK, Inc. 001368026

was created under the laws of this State on the 19th day of January, 2016, 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 8th day of February, 2018.

Secretary of Stalle

Certification Number: CERT-02082018-0075

