## Frecocoaona

(Requesto	r'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 C	Officer;		
	}		
	}		
<u> </u>			





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### **COVER LETTER**

то:	Registration Section Division of Corporations				
SUBJI	Square Foot Inc				
30131		ooration - mus	st include suffix		
Dear S	ir or Madam:				
"Certif	closed "Application by Foreign Corporation of Existence," or "Certificate of Goreferenced foreign corporation to transac	ood Standing"	and check are subm		
	return all correspondence concerning thi Y Hasanin	s matter to the	e following:		
	N	ame of Person	n		
Square	Foot Inc				
501 NE	Fi. E Wood Park Lane	rm/Company			
	<del></del>	Address		<del></del>	
Lees St	ammit, MO 64086				
	City	/State and Zip	o code		
<del>ahasani</del>	int@gmail.eom SQU ancfort ( E-mail address: (to b	DKC.r	r.com		
	E-mail address: (to b	e used for fut	ure annual report no	tification)	
For fur	ther information concerning this matter,	please call:			
Joseph	Joseph Spallo 816 246-6886				
	Name of Person A	rea Code	Daytime Telepho	ne 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		
Enclos	ed is a check for the following amount:				
□ \$70	0.00 Filing Fee		.75 Filing Fee &, tified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	



March 19, 2018

ABDEL Y HASANIN 501 NE WOOD PARK LANE LEES SUMMIT, MO 64086

SUBJECT: SQUARE FOOT INC Ref. Number: W18000026187

We have received your document for SQUARE FOOT INC and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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: 318A00005488



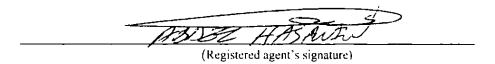
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

		TOLEN AND MADERIAN ATIONS IN	•
	orporation; must include "INCORPORATED," "Corp," "Inc." "Co," or "Corp.")	JOMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ado	nted for the nurnose of transacting h	usiness in Florida)
Missouri		-0010952	
(State or countr	y under the law of which it is incorporated)	is incorporated) 3. (FEI number, if applicable	
10-22-2001	5		
(Date of incorporation) 5. (Date		(Date of duration, if other tha	in perpetual)
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		
501 NE Wood Pa	rk Lane, Lees Summit, MO 64086	, i ma to acternine penarty money,	
	(Principal)	office address)	
			W. 54
	(Current mailing a	iddress, if different)	
			7 TR
Name and stree	et address of Florida registered agent: (P.O. I		7 · · · · · · · · · · · · · · · · · · ·
Name and <u>stree</u> Name:			
Name:	et address of Florida registered agent: (P.O. I		
Name:	et address of Florida registered agent: (P.O. E Abdel Y Hasanin 2616 8th Street West		
	et address of Florida registered agent: (P.O. I Abdel Y Hasanin	Box <u>NOT</u> acceptable)	

#### 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.



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:

	Abdel Y Hasanin			
	501 NE Wood Park Lane			
Address.	Lees Summit, MO 64086			
Vice Chai	irman:			
Address:				
			<del></del>	
Director:				
Address:				
Director:				
B. OFF				
President	Abdel Y Hasanin			
Address:	501 NE Wood Park Lane			
	Lees Summit, MO 64086			
Vice Pres	ident:	<u> </u>	<del>- 함</del> - 23	4045.00
Address:		10 10 10 10 10 10 10 10 10 10 10 10 10 1	7)- 	Andrews.
Secretary	Abdel Y Hasanin		<u>ယ</u> မွာ	
	501 NE Wood Park Lane, Lees Summit, MO 64086	10 H H		• -
Treasurer	·		<b>4.</b>	
Address:				
	If necessary, you may attach an addendum to the application listing additional officers	s and/or dii	rectors.	
12	ADDIE HARANT			
are true a a third de	Signature of Director or Officer see or director signing this document (and who is listed in number 11 above) affirms the and that he or she is aware that false information submitted in a document to the Department of the Depart			
13. Abd	el Y Hasanin, President			
	(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

### SQUARE FOOT INC. 00501836

was created under the laws of this State on the 22nd day of October, 2001, 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 24th day of April, 2018.

Decietary or State

Certification Number: CERT-04242018-0056

