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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone Fax Number : (307)200-2803

: (855)330-1010

\*\*Enter the email address for this business entity to be used for full annual report mailings. Enter only one email address please.

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#### FOREIGN PROFIT/NONPROFIT CORPORATION STEPHANIE D. IRELAND, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$70.00 |

**EXAMINER** 

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## 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. STEPHANIE D                        | . IRELAND, INC.  |  |   |  |
|---------------------------------------|--|--|---|--|
|                                       | orporation; must include "INCORPORATED," orp." "Inc." "Co." or "Corp.")                  | "COMPANY," "CORPORATION,"  |   |  |
|                                       |  |  |   |  |
| (If name unavails                     | able in Florida, enter alternate corporate name a  | dopted for the purpose of transacting b                                      | usiness in Florida)                             |  |
| 2. Missouri                           | 3.   | N/A  |   |  |
|                                       | y under the law of which it is incorporated)   | (FEI number, if applic   | able)   |  |
| 4. February 17, 1                     | 995 5.   | Perpetual  |   |  |
| (Date                                 | of incorporation)  | (Date of duration, if other tha  | (Date of duration, if other than perpetual)     |  |
| 6. <u>N/A</u>                         |  |  |   |  |
|                                       | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.15                       | Florida, if prior to registration) 02, F.S., to determine penalty liability) |   |  |
| 7 3030 N. Rocky I                     | Point Dr. STE 150A Tampa, FL 33607   |  |   |  |
| · · · · · · · · · · · · · · · · · · · |  | al office address)   |   |  |
| 1908 E. Sunshi                        | ne St., Ste. A Springfield, MO 65804   | <u> </u>   |   |  |
|                                       | (Current mailin  | g address, if different)   |   |  |
|                                       |  |  | 52  |  |
| 8. Name and stree                     | et address of Florida registered agent: (P.C   | ). Box NOT acceptable)   | 5   |  |
| Name:                                 | Registered Agents Inc.   |  | ¥0 <b>%</b>                                     |  |
| Office Address:                       | 3030 N. Rocky Point Dr. STE 150A   |  | ALLAHASSE                                       |  |
|                                       | Татра  | , Florida 33607  | PH 2: 1 OF STATE E. FLORIE                      |  |
|                                       | (City)   | (Zip code)   | 5: 5: <u>(</u>                                  |  |
| 0 Panistared on                       | ent's acceptance:  |  | 会計 コ  |  |
| Having been nam                       | ied as registered agent and to accept servi  | ce of process for the above stated c   | corporation at the place                        |  |
| designated in this                    | application, I hereby accept the appointmomply with the provisions of all statutes r     | nent as registered agent and agree   | to act in this capacity. I<br>norformance of my |  |
| duties, and I am j                    | omply wan the provisions of all statutes r<br>familiar with and accept the obligations o | f my position as registered agent.   | perjormance of my                               |  |
| _                                     |  |  |   |  |
|                                       | Bell Jame  |  |   |  |
| _                                     | (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 Chairman: Address Vice Chairman: Address: Director: \_\_ Address: Address: B. OFFICERS President: Stephanic Ireland Address: 3030 N. Rocky Point Dr. STE 150A Tampa, FL 33607 Vice President: Secretary: Stephanie Ireland Address: 3030 N. Rocky Point Dr. STE 150A Tampa, FL 33607 Treasurer: Stephanie Ireland Address: 3030 N. Rocky Point Dr. STE 150A Tampa, FL 33607 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 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. Stephanie Ireland, President

# 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

### STEPHANIE D. IRELAND, INC. 00407505

was created under the laws of this State on the 17th day of February, 1995, 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 13th day of November, 2018.

Secretary of Stale

Certification Number: CERT-11132018-0014

