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PICK-UP	☐ WAIT	MAIL		
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
SECRETARY OF FLORIDA

K. SALY FEB 27 2019



February 21, 2019

MARTY AHRENS BUFFALO CORP. 950 HOFF RD. O'FALLON, MO 63366

SUBJECT: BUFFALO CORP. Ref. Number: W19000017527

We have received your document for BUFFALO CORP., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$70.00.

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 P11000008397 "BUFFALO CORPORATION".

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: 719A00003769

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

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TO:	Registration Se	ection			9 T
	Division of Cor	•			S
C. III	Buffalo Co	orp			
SUB	JECT:	Name of corner		at include auffin	
		Name of corpora	ition - mu	st include surfix	
Dear	Sir or Madam:				2019 FE3 1 1 [17] 11: 5 B
"Ceri	ificate of Existence	tion by Foreign Corporation re," or "Certificate of Good on corporation to transact bu	Standing'	and check are sub	ct Business in Florida,"
	e return all corresp Ahrens	pondence concerning this m	atter to th	e following:	
Buffa	lo Corp	Nam	e of Perso	n	
		Firm/	Company		
950 H	loff Rd		Company		
O'Fal	lon, MO 63366	Α	ddress		
acctg	@buffalotools.com	City/Sta	ate and Zi	p code	
			- 1 C C		
		E-mail address: (to be u	sed for fu	ture annual report	notification)
For f	urther information	concerning this matter, ple	ase call:		
Mod	Ahrens	636	ε.	32-9888	
iviaity	Amens	at (J2- 3 000	
	Name of Perso		Code	Daytime Telep	hone 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		
Encl	osed is a check for	the following amount:			
s	70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status		3.75 Filing Fee & tified 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. Buffelo Corp (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," 1. "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Fiorida, enter alternate corporate name adopted for the purpose of transacting business in Fiorida) 43-1739057 Missouri (State or country under the law of which it is incorporated) 2/21/1996 (FEI number, if applicable) perpetual (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 950 Hoff Rd, Ofalion, MO 53368 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Roger Ervin Name: 4460 Dandy Dr Office Address: 32571 Pace Florida (Zip code) (City) 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. (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.

A. DIR	ECTORS CONTRACTOR OF THE PROPERTY OF THE PROPE
Chairman	Randy Smith
Address	950 Hoff Rd, Ofallon, MO 63366
radresa.	
Vice Cha	iman:
Address:	
	Marty Ahrens
Director:	950 Hoff Rd, OFallon, MO 63366
Address:	
Director:	
	$\overline{\mathcal{V}}$
Address.	
B. OFF	TCERS Randy Smith
President	950 Hoff Rd, OFallon, MÖ 63366
Address:	930 Non Kd, Orailon, MO 03300
Vice Pres	sident:
, ida, ens.	
	Marty Ahrens
Secretary	7: 950 Hoff Rd, OFallon, MO 63366
Address:	
Treasure	r:
Address:	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12	Signature of Director or Officer
are true	cer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes legree felony as provided for in s.817.155, F.S.
13	Martin V. Ancers Secretary (Typed or printed name and capacity of person signing application)
	(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

Buffalo Corp. 00422734

was created under the laws of this State on the 21st day of February, 1996, 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 15th day of January. 2019.

Certification Number: CERT-01152019-0051

