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## **CT CORP**

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

2/28/2019

D	ate:	2/28/2019		a: DW
		Acc#1201600	000072	4: ( ) = ( )
Name:	HABCO F	PARTNERSHIP		
Document #:				
Order #:	11462015		= -	
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### **COVER LETTER**

TO:	_	tration Section of Corp.					
SUBJI		•	nership, Inc.				
SUBJI	ec.		Name	of corporat	ion ·	- must include suffix	
Dear Si	ir or <b>M</b>	adam:					
"Certifi	icate of	Existence,		te of Good S	Stanc	Authorization to Transacting" and check are substantial.	
Please r	return a	all correspo	ndence concer	ning this ma	itter	to the following:	
Bo Can	ipbell						
				Name	of P	erson	
Habco F	Partners	ship, Inc.					
10420 F	Baur Bh	vd.		Firm/C	omp	pany	
				Ac	ddres	SS	
St. Loui	is, MO	63132					
				City/Stat	e an	d Zip code	
robertca	unpbell	@habco.net					
			E-mail addre	ss: (to be us	ed fo	or future annual report n	otification)
For furt	her.inf	formation co	oncerning this,	matter, plea	se ca	nti:	
Bo Cam	npbell			314		429-6996 x1007	
	Namo	of Person		at ( Area C	ode	_) Daytime Teleph	none Number
	Regist Divisi Clifto 2661 I	tration Secti on of Corpo n Building	orations Center Circle	SS:		MAILING AI Registration Set Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
Enclose	d is a o	check for th	e following an	nount:			
\$70.	.00 Fili	ng Fce	□ \$78.75 Fili Certificate		冱	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fec, 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.

Habco Partners  (Enter name of c	orporation; must include "INCORPORATED," "	COMPANY." "CORPORATION."	<del></del>
	orp,", "Inc." "Co," or "Corp.")		
Habco Electrica	d Engincering, Inc.		
(If name unavaila	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting business in Flor	rida)
Missouri	Aissouri 43-1599980		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
February 20, 19	92	,	
. (Date	of incorporation) 5.	(Date of duration, if other than perpetual)	
(Diffe	or incorporation,	2012	
·			
	(Date first transacted business in F	lorida, if prior to registration)	3
	(SEE SECTIONS 607.1501 & 607.1502	2, F.S., to determine penalty hability)	
10420 Baur Blvd	. St. Louis, MO 63132	<b>8</b>	Leady.
· <del></del>	(Principal	office address)	ل <del>اب ن</del> خصر
	` '	်းကြွှေ 🙃	(Care
		<u> </u>	
	(Current mailing	address, if different)	
. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	
	C T Corporation System		
Name:		<del>_</del>	
office Address:	1200 South Pine Island Road		·
	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.

James M. Halpin - Assistant Secretary
(Registered agent's signature)

0. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to he Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction nder the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Andrew Habel Chairman: 10420 Baur Blvd. St. Louis, MO 63132 Address: \_ Vice Chairman: Address: \_\_\_\_\_ Director: Address: Director: \_\_\_\_\_\_ **B. OFFICERS** Andrew Habel President: 10420 Baur Blvd, St. Louis, MO 63132 Address: \_\_\_\_\_ ice President: ddress: Maria D. Habel cretary: 10420 Baur Blvd. St. Louis, MO 63132 dress: \_ asurer: \_\_\_\_\_\_ TE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein rue and that he or she is aware that false information submitted in a document to the Department of State constitutes rd degree felony as provided for 14 9.8 17.175, F.\$ Andrew J. Habel

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

STATE OF MISSOURY



## 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

## HABCO PARTNERSHIP, INC. 00362940

was created under the laws of this State on the 20th day of February, 1992, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hercunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 21st day of February, 2019.

Secretary of State

Certification Number: CERT-02212019-0054

