

F19000001623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

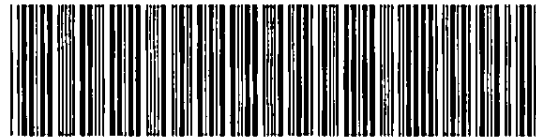
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

name match W19-25766

Office Use Only



300324632803

03/01/19--01020--013 **70.00

FILED

19 MAR 29 PM 5:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2019

LETITIA MASTERS
2480 EXECUTIVE DR, STE 120
ST CHARLES, MO 63303 US

SUBJECT: NORTH AMERICAN STRONGMAN, INC.
Ref. Number: W19000025766

We have received your document for NORTH AMERICAN STRONGMAN, 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):

The attached form must be completed in order to file the document.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 719A00005276

2019 MAR 22 PM 11:22

COVER LETTER

TO: Registration Section
Division of Corporations
North American Strongman Inc DBA Strongman Corporation

SUBJECT: _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Letitia Dione Masters

Strongman Corporation	Name of Person
2480 Executive Dr, Suite 120	Firm/Company
St. Charles, MO 63303	Address
dione@strongmancorporation.com	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

L. Dione Masters	636	317-6116
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone 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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified 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.

1. North American Strongman, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

North American Strongman Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Missouri 3. 201867692

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 12/20/2004 5. _____

(Date of incorporation)

(Date of duration, if other than perpetual)

6. n/a

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2480 Executive Dr, Suite 120; St Charles, MO 63303

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jared Fleet

Office Address: 2195 Southern Boulevard Suite 550


West Palm Beach, Florida 33406

(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.


(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: Letitia Dione Masters

Address: 2480 Executive Dr Suite 120
St. Charles MO 63303

Vice Chairman: ~~Joseph Masters~~

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
MAR 29 PM 5:30
DEPT. OF STATE
MISSOURI

B. OFFICERS

President: Letitia Dione Masters

Address: 14850 Alshari Cir
Florissant MO 63034

Vice President: _____

Address: _____

Secretary: Joseph Masters

Address: 14850 Alshari Cir Florissant MO 63034

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Letitia Dione Masters

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.

13. Letitia Dione Masters

(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

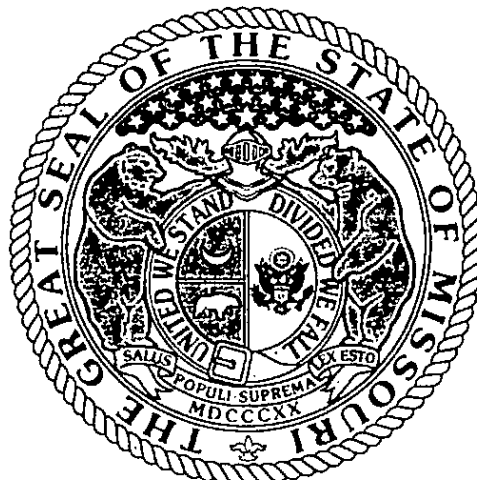
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

North American Strongman, Inc.
00625303

was created under the laws of this State on the 2nd day of December, 2004, 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 11th day of February, 2019.


Secretary of State



Certification Number: CERT-02112019-0141