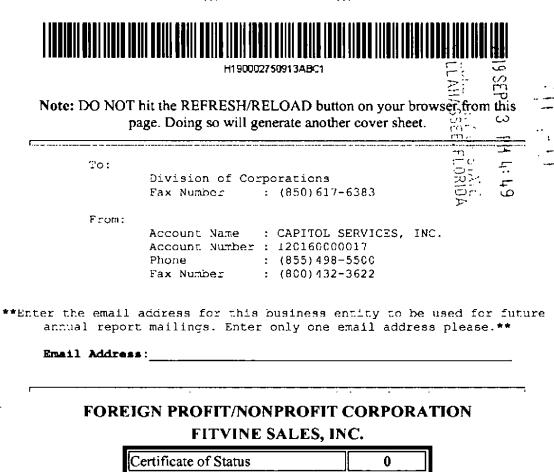
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000275091 3)))



| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 06      |
| Estimated Charge      | \$70.00 |
|                       | YSCOT   |

SEP 1 6 2019

Electronic Filing Menu

Corporate Filing Menu

Help

### COVER LETTER

| TO: Registration Section Division of Corporations  |  |
|--|--|
| SUBJECT: FitVine Salas, Inc.   |  |
|  | ation - must include suffix  |
| Dear Sir or Madam:   |  |
| The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by   | for Authorization to Transact Business in Florida,"  Standing" and check are submitted to register the usiness in Florida. |
| Please return all correspondence concerning this m   | uniness in Ploride.  Institute to the following:   |
| tori Arnold  | <u> </u>   |
| Nam  | e of Person  |
| Spencer Face LLP   | <u> </u>   |
| Firm   | Conpany  |
| 1000 Walnut Street, Suite 1400   | Company  |
|  | Address.   |
| ·  |  |
| Kenses City, MD 64106  | see and Zip code   |
| - •  | est #00 %\$ COUR   |
| Larnoldespencerfene.com  | sed for lifture annual upport notification)  |
| The same of the sa | En sou senso musica (d'har monament)   |
| For further information concerning this matter, ple  | ese call:  |
| Lori Arnold st (   | 036 ) 292-0243   |
| Name of Person Area  | Code Daytime Telephone Number  |
| 8TREET/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 Tallahasson, PL 32314                         |
| Enclosed is a check for the following amount:  | •  |
| 570,00 Filing Fee C3 \$78.75 Filing Fee & Certificate of Status  | Cartified Copy  Cartified Copy  Certified Copy  Certified Copy  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 POREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| (Enter name of o   | orporation; must include "INCORPORATED."   | COMPANY." "CORPORATION."  |                        |
|--------------------|--|---|------------------------|
| "Inc.," "Co.," "C  | orp," "lac," "Co," or "Corp.")   | ,   |                        |
|                    |  |   | . ~                    |
|                    |  |   | 1, 20                  |
| (If name unavails  | shie in Florida, enter alternate corporate name ado  | opted for the purpose of transacting busine   | st (in Florida)        |
| 2. Hissourt        | 3.   |   | SEP                    |
| (State or occusion | y under the law of which it is incorporated)   | (FEI number, if applicable)   | 1 155 -                |
| 4 3/19/3019        | •  |   | တို့ ယ                 |
| (Date              | of Incorporation)  | (Date of duration, if other than per  | petast) : S            |
| 4                  |  | •   |                        |
| ·                  | (Date first transacted business in Fi  | oride, if prior to registration)  | 4: 49<br>FLORID        |
|                    | (SEE SECTIONS 607.1501 & 607.1502  | , P.S., to determine penalty liability)   | 33. 5                  |
| 7. 825 Edword      | Street, St. Joseph, MD 64801   |   | . D                    |
|                    |  | office address)   |                        |
|                    |  |   |                        |
|                    | Current multing  | duren, if different   |                        |
|                    | · · · · · · · · · · · · · · · · · · ·  | <del>-</del>  |                        |
| R. Name and street | t address of Florida registered agent: (P.O. 1   | Roy NOT acceptable)   |                        |
|                    |  | Marie |                        |
| Name:              | Mpensery, Inc.   | <del>_</del>  |                        |
| Office Address:    | 201 Worth Franklin Street, Suite 2   | 150   |                        |
|                    |  | _   |                        |
|                    | Tampa  | , Florida   |                        |
|                    | (City)   | (Zip code)  |                        |
| 9. Registered aga  | mi's accentance:   |   |                        |
|                    | ed as registered agent and to accept service   | of process for the above stated corpo   | resion at the place    |
| designated in this | application, I hereby accept the appointmen  | ut as registered agains and agree to ac   | t in this expectly. I  |
|                    | omply with the provisions of all statutes rele<br>amiliar with and accept the obligations of n |   | rmence of my           |
| unuss, enu 1 em j  | uminur men ana accept the outgoings of a   | ry position as registeres egant.  |                        |
|                    | A 1. 10  |   |                        |
|                    | Justin Lee   | £   |                        |
| _                  | (Registered age  |   |                        |
|                    | Spensery, Inc. By: Justin  | Lock, Vice President  |                        |
|                    | contificate of existence duly authenticated, ac  |   |                        |
|                    | Sinte, by the Secretary of State or other office<br>high it is incorporated.                   | cial paying cristody of corporate recon   | as to the jurisdiction |
| INC 104 OI A       | and it is an experience.   |   |                        |

| 11. Names and business ad      | drasses of officers and/or dire               | ectors:              |                               |                  |
|--------------------------------|---|----------------------|-------------------------------|------------------|
| A. DIRECTORS                   |   |                      |                               |                  |
| Chairman: See attached.        | , <u>, , , , , , , , , , , , , , , , , , </u> |                      |                               |                  |
| Address:                       |   |                      |                               |                  |
|                                |   |                      |                               |                  |
| Vice Chairman:                 |   |                      |                               |                  |
|                                |   |                      |                               | 201<br>Tă        |
|                                |   | <u>-</u>             |                               | Section          |
| Director                       |   |                      |                               | 最 5              |
|                                |   |                      | -                             | υ, ω             |
| AURICAL                        |   |                      |                               | me P             |
|                                |   |                      |                               |                  |
|                                | <del> </del>                                  |                      | <del></del>                   | CRAIN 15         |
| Address:                       |   | <del></del>          |                               | <u></u>          |
|                                |   | <u></u>              |                               |                  |
| B. OFFICERS                    |   |                      |                               |                  |
| President: 800 attached.       |   |                      |                               |                  |
| Address:                       |   |                      |                               |                  |
|                                |   | <del>-</del>         |                               |                  |
| Vice President:                |   |                      |                               |                  |
| Address:                       | <del></del>                                   |                      |                               |                  |
| <del></del>                    |   |                      |                               |                  |
| Secretary:                     |   |                      |                               |                  |
| Address:                       | <del> </del>                                  |                      |                               |                  |
|                                |   |                      |                               |                  |
| Address:                       |   |                      | _                             |                  |
| NOTE: If necessary non n       | nay attaga was depotum so the                 | spolication listing  | additional officers and/or di | regions.         |
| 12.                            | work +  | /                    |                               |                  |
| The officer or director signi  | Signature of Cong this abcument (and who is   | Proctor or Officer   | shows) affirms that the Ann   | - mand herein    |
| are true and that he or she is | aware ital salah information :                | submitted in a docu  | ment to the Department of     | tace constitutes |
| a third degree felony as prov  |   |                      |                               |                  |
| 13. J. Timothy Henr<br>(Ty     | ped or printed name and cape                  | city of person signi | ng application)               |                  |
|                                | •   | -                    |                               |                  |

#### FITVINE SALES, INC.

#### 11. Names and business addresses of officers and/or directors.

**DIRECTORS:** 

Director: David R. Bradley, III 🗸

825 Edmand Street, St. Joseph, MO 64501

Director: Bric A. Bradley / 825 Edmond Street, St. Joseph, MO 64501

Mark Warren Director:

825 Edmond Street, St. Joseph, MO 64501

Director: Thomas Beaton

825 Edmond Street, St. Joseph, MO 64501

Dennis Krause / Director:

825 Edmond Street, St. Joseph, MO 64501

₿. OFFICERS:

·- 🙀

Mark Warron President:

825 Edmond Street, St. Joseph, MO 64501

Chief Executive Officer Thomas Beaton 🗸

825 Edmand Street, St. Joseph, MO 64501

J. Timothy Hannan 🗸 Secretary:

825 Edmond Street, St. Joseph, MO 64501

Executive Vice President: J. Timothy Hannan

825 Edmand Street, St. Joseph, MO 64501

Chief Financial Officer J. Timothy Hannan

825 Edmond Street, St. Joseph, MO 64501

WA 13535348.1

H19000275091 3





### 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

FliVine Sales, Inc. 901376240

was created under the laws of this State on the 19th day of March, 2019, 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 September, 2019.

Secretary of State

Certification Number: CERT-09132019-0026

