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PICK-UP WAIT	MAIL
(Business Entity Name))
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Special Instructions to Filing Officer:	

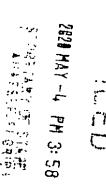
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COVER LETTER

TO:	Registration Section Division of Corp			
SUBJ	IECT:	R.L. YO	UNG, INC.	
2. 2		Name of corpora	tion - must include suffix	
Dear S	Sir or Madam:			
"Certi	ficate of Existence.		for Authorization to Transc Standing" and check are sul siness in Florida.	
Please	return all correspo	ndence concerning this ma	atter to the following:	
Jennife	er E. Beasley			
-	-	Name	of Person	
Jenkin	s & Kling, P.C.			
_	<u> </u>	Firm/C	Company	, <u> </u>
150 N	. Meramec Ave., Suit	e 400		
	<u></u>	A	ddress	
St. Lo	uis. Missouri 63105			
		City/Sta	te and Zip code	
jbeasle	ey@jenkinskling.con			
		E-mail address: (to be us	ed for future annual report	notification)
For fu	rther information c	oncerning this matter, plea	se call:	
Jennife	er E. Beasley	314	721-2525	
	Name of Person	Area (phone Number
	STREET/COUF Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Hahassee Street, Suite 810	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Forporations 17
Please		te following amount: to: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	ENT OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

(If name unavailable	e in Florida, enter alternate corporate name	adopted for the purpose of transacting busin	ness in Florida)
Nevada 3.		46-1989547	
(State or country under the law of which it is incorporated)		(FEI number, if applicabl	
02/07/2013	5.	Perpetual	
(Date of incorporation) 5.		Perpetual (Date of duration, if other than perpetual)	
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
10412 Appoination	Station Court, St. Louis, Missouri 63123		
		ice <u>street</u> address)	
87 Grasso Plaza #3.	20, St. Louis, Missouri 63123	<u></u>	
	(Current maili	ng address, if different)	
		,	* 1/5
Name and street a	address of Florida registered agent: (P.G	O. Box NOT acceptable)	• **; : **
Name:	C T Corporation System		14 . 15 . 15 . 15 . 15 . 15 . 15 . 15 .
ffice Address:	1200 South Pine Island Road.		
	Plantation	Florida 33324	#リー #リー # (20) - 170日
-	(City)	(Zip code)	(3) (4)
signated in this ap	as registered agent and to accept servi oplication. I hereby accept the appoint oply with the provisions of all statutes i	ice of process for the above stated corponent as registered agent and agree to acelative to the proper and complete perfection as registered agent.	ct in this capac

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. DIRECTORS Raymond Young Linda Young □Chairman Name: □Chairman 87 Grasso Plaza #320 87 Grasso Plaza #320 □Vice Chairman Address: Address: □ Vice Chairman St. Louis, Missouri 63123 St. Louis, Missouri 63123 Director □ Director President □ President ☐ Vice President □ Vice President □ Secretary Treasurer ■Secretary □Treasurer □Other _____ □Other _____ □ Other □Other ____ □ Chairman Name: _____ Name: _____ □Chairman □Vice Chairman Address: _____ □ Vice Chairman Address: Director □Director □President □President ☐ Vice President □Vice President □ Secretary ☐Treasure 🖟 ☐Treasurer ☐ Secretary □Other _____ □Other _____ □Other □Chairman Name: _____ □ Chairman Name: □Vice Chairman Address: ___ □Director □Director □ President □President □ Vice President ☐ Vice President ☐ Secretary □ Treasurer ☐ Secretary □ Treasurer □Other _____ □Other _____ □ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

Raymond Young, President/Director

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, R.L. YOUNG, INC., as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 02/07/2013, and is in good standing in this state.

I further certify that the above DOMESTIC CORPORATION (78) has its formation document and no amendments on file in this office as of the date of this certificate.

Certificate Number: B20200425748134

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/25/2020.

Bochora K. Cigarste BARBARA K. CEGAVSKE

Secretary of State