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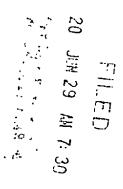
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL.
(Business Entity Name)	
(Document Number)	
ertified Copies Certificates of Status	
Special Instructions to Filing Officer: 129 Procuyed Corrected Daperwood LDC	
129 Pecerved Corrected Paperwork eDC 130 Received permission 10 add the lest of the primary address by Ms Am	, SU)
Na-6/289	BA

Office Use Only



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COVER LETTER

_	ion of Corporations		
SUBJECT:	Proforma Fund, Inc.		
	Name of	corporation -	must include suffix
Dear Sir or M	ladam:		
"Certificate o		f Good Standi	uthorization to Transact Business in Florida," ng" and check are submitted to register the in Florida.
Please return	all correspondence concerning	g this matter to	o the following:
Kirk Bowman			
		Name of Po	erson
Proforma Func	i, Inc.		
		Firm/Comp	any
7803 Clayton I	Road, Suite A		
		Addres	5
St. Louis, Miss	souri 63117		
	- 	City/State and	l Zip code
kirk@proform	afund.com		· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be used for	future annual report notification)
For further in	formation concerning this mat	ter, please cal	
Alana Pease	, al	314) 882-3430
Nam	e of Person		Daytime Telephone Number
Regis Divis The C 2415	EET/COURIER ADDRESS: stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	check for the following amounted payable to: FLORIDA DEPting Fee	Fee &	DF STATE \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy Certificate of Status Certified Copy

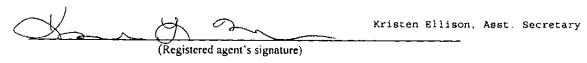
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Proforma Fund,	. Inc.				
(Enter name of	corporation; must include "INCORPORATEI Corp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATI	ON."		
(If name unavai	lable in Florida, enter alternate corporate nam	ne adopted for the purpose of transac	ting business in Florida)		
2. Delaware	3	84-2259285 3.			
	ry under the law of which it is incorporated)	(FEI number, if applicable)			
4. June 28, 2019	•	Perpetual			
(Date of incorporation)		(Date of duration, if other than perpetual)			
6. None					
7. 7803 Clayton Ro	ad, Suite A St. Laurs MO	1502, F.S., to determine penalty liab (3117) ffice street address)	яшу) ——————		
	(Current mail	ling address, if different)	: * N		
8. Name and stre	et address of Florida registered agent: (P	.O. Box <u>NOT</u> acceptable)	, 1 5		
Name:	URS Agents, LLC		29		
Office Address:	3458 Lakeshore Dr.				
	Tallahassee	, Florida 32312	7: 30		
	(City)	(Zip code)	0		

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.



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.

Chairman Name:	□ Chairman	Name:	Byron Sletten
			7007 (V D. J. C A
	☐ Vice Chairman	Address:	7803 Clayton Rd, Ste. A
Director St. Louis, Missouri 63117	Director		St. Louis, Missouri 63117
President	□President		
Vice President	□Vice President		
Secretary	☐ Secretary		□Treasurer
CEO and Chairman Other	Other		Other
Phillip Hamilton Chairman Name:	□ Chairman	Name:	
7803 Clayton Rd, Ste. A			
Director St. Louis, Missouri 63117	☐ Director		
President	□President		· · · · · · · · · · · · · · · · · · ·
Vice President	□Vice President		
Secretary	□Secretary		☐Treasurer
Other Other	□Other		Other S
Chairman Name:	□Chairman	Name:	
Vice Chairman Address:	□ Vice Chairman	Address:	
Director	□Director		
President	President		······································
Vice President	□Vice President		
Secretary	☐ Secretary		Treasurer
OtherOther	□Other		□Other

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.

Kirk Bowman, CEO and Chairman



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PROFORMA FUND, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROFORMA FUND,

INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202793051

Date: 04-20-20



June 17, 2020

KIRK BOWMAN PROFORMA FUND, INC. 7803 CLAYTON ROAD, SUITE A ST. LOUIS, MO 63117 US

SUBJECT: PROFORMA FUND, INC.

Ref. Number: W20000061289

We have received your document for PROFORMA FUND, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The titles you have listed for the individuals or business enities which will manage the Foreign Corporation are not acceptable. We can not accept the term "Co-Founder". Please choose from one of the titles that are listed.,

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang Regulatory Specialist II

Received 6/29/20

Letter Number: 520A00011950