

11/23/2020

Division of Corporations

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**Envolve, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

US  
11/24/20

# 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. Envolve, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware  
(State or country under the law of which it is incorporated)
3. 37-1788565  
(FEI number, if applicable)
4. 06/17/2015  
(Date of incorporation)
5. perpetual  
(Date of duration, if other than perpetual)
6. Not Applicable  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 7700 Forsyth Blvd St. Louis, Missouri 63105  
(Principal office street address)
- Same  
(Current mailing address, if different)

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

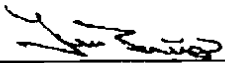
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(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.*

 Terrie Bates, Assistant Secretary  
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐Chairman Name: Claudio Franco Abreu

☐Vice Chairman Address: \_\_\_\_\_

☒Director 7700 Forsyth Blvd

☒President St. Louis, Missouri 63105

☐Vice President \_\_\_\_\_

☐Secretary ☐Treasurer

☐Other \_\_\_\_\_ ☐Other \_\_\_\_\_

☐Chairman Name: Robyn Lucas-Tebeau

☐Vice Chairman Address: \_\_\_\_\_

☐Director 7700 Forsyth Blvd

☐President St. Louis, Missouri 63105

☒Vice President \_\_\_\_\_

☐Secretary ☐Treasurer

☐Other \_\_\_\_\_ ☐Other \_\_\_\_\_

☐Chairman Name: Christopher R. Isaak

☐Vice Chairman Address: \_\_\_\_\_

☒Director 7700 Forsyth Blvd

☐President St. Louis, Missouri 63105

☐Vice President \_\_\_\_\_

☐Secretary ☒Treasurer

☐Other \_\_\_\_\_ ☐Other \_\_\_\_\_

☐Chairman Name: Christopher A. Koster

☐Vice Chairman Address: \_\_\_\_\_

☒Director 7700 Forsyth Blvd

☐President St. Louis, Missouri 63105

☐Vice President \_\_\_\_\_

☒Secretary ☐Treasurer

☐Other \_\_\_\_\_ ☐Other \_\_\_\_\_

☐Chairman Name: Tricia Lynn Dinkelman

☐Vice Chairman Address: \_\_\_\_\_

☐Director 7700 Forsyth Blvd

☐President St. Louis, Missouri 63105

☐Vice President \_\_\_\_\_

☐Secretary ☐Treasurer

☐Other \_\_\_\_\_ ☒Other VP, Tax

☐Chairman Name: Nitin Jain

☐Vice Chairman Address: \_\_\_\_\_

☐Director 7700 Forsyth Blvd

☐President St. Louis, Missouri 63105

☐Vice President \_\_\_\_\_

☐Secretary ☐Treasurer

☐Other \_\_\_\_\_ ☒Other VP, Operations

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.

12. Tricia Dinkelman  
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. Tricia Dinkelman, VP, Tax  
(Typed or printed name and capacity of person signing application)

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENVOLVE, 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 NOVEMBER, 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2023 NOV 23 PM 4:41



  
Jeffrey W. Bullock, Secretary of State

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SR# 20208460962

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204133753

Date: 11-20-20