F21000002106

(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:					
<u></u>					

Office Use Only



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03/31/21--01011--003 *78.75

COVER LETTER

	: Registration Section Division of Corporations						
	SUBJECT: Ray-Carroll County Grain Growers Inc.						
Name of corporation - must include suffix							
Dear Sir	or Madam:						
	osed "Application by Foreign Com	a santina Con A.	uli mizati in ta Tamazant Da	colored in Charles "			
"Certific	ate of Existence," or "Certificate of ferenced foreign corporation to tra	of Good Standi	ng" and check are submitt				
Please re	turn all correspondence concernin	g this matter to	the following:				
David	d Vaughan						
		Name of Pe	rson				
Ray-	Carroll County Grain	Growers	Inc.				
		Firm/Compa	ıny				
P.O.	Box 158						
Richr	mond, MO 64085	Address	;				
	110110, 1010 04000	City/State and	Zin code				
davev	/@ray-carroll.com	Cryvenace and	721gr CVOC	-			
		(to be used for	future annual report notif	ication)			
For furth	er information concerning this ma	tter, please cal	1:	¹			
David	d Vaughan	, 816	776-2291				
	Name of Person	Area Code	776-2291 Daytime Telephone	: Number			
	STREET/COURIER ADDRESS. Registration Section Division of Corporations The Centre of Tallahassee 1415 N. Monroe Street, Suite 810 Fallahassee, FL 32303		MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, F1. 3	on rations			
Please ma	is a check for the following amou ke check payable to: FLORIDA DEI 0 Filing Fee	PARTMENT OF Fee & \square \$		S87.50 Filing Fee, Certificate of Status & Certified Copy			

APPLICA		TON FOR AUTHORIZATION TO TRANSACTIN FLORIDA	
		STATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.	
√ Ray-Carro	oll County Grain Growers Inc.		
(Enter name of c	rorporation; must include "INCORPORATED forp," "Inc." "Co." or "Corp.")	," "COMPANY," "CORPORATION,"	
! (If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida	
Missouri	3	44-0403200	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
_{4.} 7/10/193	1 .	Perpetual	
···	of incorporation)	(Date of duration, if other than perpetual)	
_{6.} 5/1/21			
W		in Florida, if prior to registration) 502, F.S., to determine penalty liability)	
_{7.} 807 W. Ma	ain Street, Richmond, MO	64085	
	(Principal of	fice street address)	
P.O. Box 1	158, Richmond, MO 64085		
	(Current maili	ng address, if different)	
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	Registered Agents Inc.	1.	
Office Address:	7901 4th St N STE 300		

9. Registered agent's acceptance:

St. Petersburg

(City)

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.

14. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (\$) total]:

			1				
$-\frac{1}{A_{+}}$ DIRECTORS							
☐ Chairman	Name: Jim Edwards	□ Chairman	Robert Kipping				
Nice Chairman	Address 26382 Hwy FF	□Vice Chairman	Address: 28324 CR 293				
Z Director	Keytesville, MO 65261	2 Director	Carrollton, MO 64633				
		□President					
1		□Vice President					
□ Secretary	☐Treasurer	□ Secretary	☐ Freasurer				
□Other	□Other	□Other	Other				
☐ Chairman	Name: Greg Bertz	□Chairman	Name: Beau Hepler				
	Address: 12113 Prairie Valley Rd		Address: P.O. Box 158				
□Vice Chairman	Mayview, MO 64071	□ Vice Chairman	Richmond, MO 64085				
☑ Director		□ Director					
□President		□Presidem					
□Vice President	Ana,	□Vice President					
□Secretary	□Treasurer	□Secretary Asst Se	El l'reasurer				
Other	[]Other	⊠Other Asst. Se	Other				
	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□ Vice President					
□Secretary	☐ Freusurer	□Sceretary	☐ Treasurer				
∃Other	□Othet	□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							
Signature of Director or Officer The officer or director signing this document (and who is fisted 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 is provided for in \$.817.155, F.S. Beau Hepler, Assistant Secretary							
(Typed or printed name and capacity of person signing application)							





John R. Ashcroft Secretary of State

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

RAY-CARROLL COUNTY GRAIN GROWERS, INC. C00054034B

A Missouri entity was created under the laws of this State on 7/10/1931, and in Good Standing, having fully complied with all the 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, the 25th day of March, 2021.

Secretary of State

Certification Number: CERT-IN70210

