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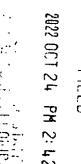
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	·
(Cit	y/State/Zip/Phon	ie #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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T. LEMIEUX NOV 08 2022

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: IMKO Enterprises, Inc	•		
N	lame of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Forei "Certificate of Existence," or "Certi above referenced foreign corporatio	ficate of Good Stand	ling" and check are subn	
Please return all correspondence cor	ncerning this matter	to the following:	
Staci Thornton			
	Name of I	Person	
IMKO Enterprises, Inc			
	Firm/Comp	pany	
900 N Belt Highway			
	Addre	SS	
St Joseph, MO			
	City/State ar	d Zip code	
Staci@imko.com			
E-mail ad	ddress: (to be used f	or future annual report no	otification)
For further information concerning	this matter, please ca	all:	
J. Patrick Hawkins	at (913) 538-6100		
Name of Person	Area Code	Daytime Teleph	one Number
STREET/COURIER ADI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
•	DA DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 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.

I. IMKO Enterpris				_
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED," "(orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	N,"	
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transaction	ng business in Florida)	-
2. Missouri	3			
(State or countr	ry under the law of which it is incorporated)	(FEI number, if a	pplicable)	-
January 10, 200	00 5			
(Date	(Date of incorporation) 5.		(Date of duration, if other than perpetual)	
6	(D. C.)			_
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502,	orida, it prior to registration) F.S., to determine penalty liabil	lity)	
900 N Belt High	way, St Joseph, MO 64506			
· ·	(Principal office s	treet address)	,	-
	(Current mailing a	idress, if different)	——————————————————————————————————————	
			022 	
8. Name and street	et address of Florida registered agent: (P.O. B	ox NOT acceptable)	001	
Name:	corporation Service	Company	2022 OCT 24 PH 2: 42	=
Office Address:	1201 Hays Street Tallanassee (City)	1	<u> </u>	
ome ridaress.	Tall and see!	2226	LL(2)	
	(City)	, Florida <u> </u>	925	
	(City)	(Zip code)	ή, ν	
	ent's acceptance:			
	ned as registered agent and to accept service of application, I hereby accept the appointment			
further agree to c	omply with the provisions of all statutes rela	ive to the proper and comple		
and I am familiar	with and accept the obligations of my positi	on as registered agent.		
		ANNO 1	Malloni	
	MASS	47 17 10 1 A SSI ST	Mathay tant vp	
_	(Registored agent's signa		TOCYLL VI	
Attached is a	certificate of existence duly authenticated, not	more than 90 days prior to d	elivery of this applica	ation to

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Staci Thornton James Patrick Hawkins □ Chairman Name: ☐ Chairman Name: 900 N Belt Highway 7420 Quivira □Vice Chairman Address: ☐ Vice Chairman Address: St Joseph, MO 64506 Shawnee, KS 66215 Director ☐ Director President □President ☐Vice President ____ Vice President □ Secretary Treasurer ☐ Secretary ☐ Treasurer □ Other □Other _____ □Other _____ Other David Wegenka Name: Name: Keith Hawkins □Chairman Chairman 900 N Belt Highway 900 N Belt Highway □Vice Chairman Address: _ Address: ☐ Vice Chairman St Joseph, MO 64506 St Joseph, MO 64506 ☐ Director □ Director ☐ President President □Vice President _____ □Vice President Secretary □Treasurer □ Secretary Treasurer □Other _____ Other _____ Other ____ ☐Other _____ □Chairman Name: □ Chairman Name: ☐ Vice Chairman Address: ______ Address: ☐ Vice Chaiππan ☐ 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. mo Petrus Signature of Director or Officer The office 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 6.817.155, F.S.

James Patrick Hawkins, Vice President

13.

STATE OF MISSOURY



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

IMKO ENTERPRISES, INC. 00478665

was created under the laws of this State on the 10th day of January, 2000, 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 10th day of October, 2022.

Secretary of Stale

Certification Number: CERT-10102022-0067

