Division of Corporations

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(((H23000106258 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

| Email | Address: | | |
|-------|----------|------|--|
| | | | |

FOREIGN PROFIT/NONPROFIT CORPORATION

Casey's Retail Company

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

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Help

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.

| | orporation; must include "INCORPORATED." "(orp.," "Inc.," "Co.," or "Corp.") | COMPANY," "CORPORATION," | | |
|------------------|--|--|--|--|
| (If name unavail | able in Florida, enter alternate corporate name ado | pted for the purpose of transacting business in Florida) | | |
| lowa | 3. | | | |
| (State or countr | y under the law of which it is incorporated) | (FEI number, if applicable) | | |
| 04/14/2004 | 5 | (Date of duration, if other than perpetual) | | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | | |
| 1 SE Convenienc | e Blvd. Ankeny. IA 50021 (Principal office y | street address) | | |
| | (Current mailing a | ddress, if different) | | |
| . Name and stree | et address of Florida registered agent: (P.O. B United Agent Group Inc. | fox <u>NOT</u> acceptable) | | |
| Name: | Onted Agent Group Inc. | _ | | |
| Office Address: | 801 US Highway 1 | _ | | |
| | North Palm Beach | , Florida 33408(Zip code) | | |
| | (City) | (Zip code) | | |
| | ent'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.

| /s/ Joseph Panholzer | | Joseph Panholzer, Special 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.

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| A. DIRECTORS | | | | |
|---|--|-------------------------|---|--|
| □Chairman | Name: | | Name: Stephen P. Bramlage, Jr. 1 SE Convenience Blvd Address: Ankeny, IA, 50021 | |
| □Vice Chairman | Address: | | | |
| Director | Ankeny, IA, 50021 | Director | | |
| □President | | President | | |
| □Vice President | | □Vice President | | |
| ☐ Secretary | ■Treasurer | ☐ Secretary | ☐Treasurer | |
| □Other | □Other | □Other | □Other | |
| □ Chairman | Name: | □Chairman | Scott Faber Name: | |
| □Vice Chairman | 1 SE Convenience Blvd | □Vice Chainnan | Address: 1 SE Convenience Blvd | |
| Director | Ankeny, IA, 50021 | Director | Ankeny, IA, 50021 | |
| □President | | □President | | |
| ■Vice President | | □Vice President | | |
| Secretary | □Treasurer | ■ Secretary | □Treasurer | |
| Other | Other | Other | Other | |
| □Chairman | Name: Douglas M. Beech | □ Chairman | Name: | |
| □Vice Chairman | Address: 1 SE Convenience Bivd | □Vice Chairman | Address: | |
| Director | Ankeny, IA, 50021 | Director | | |
| □President | | □President | | |
| □Vice President | | □Vice President | | |
| Secretary | □Treasurer | □ Secretary | ☐Treasurer | |
| ■Other Asst. Sec | | □Other | □Other | |
| Important Notice: I individuals may be /s/ Joseph P | Use an attachment to report more than six (6). The at added to the index when filing your Florida Departs Panholzer Signature of Director | ment of State Annual Re | d for reporting purposes only. Non-indexed port form, | |

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.

Certificate of Standing

IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Issue Date: 3/21/2023

Name: CASEY'S RETAIL COMPANY (490 DP - 293143)

Date of Incorporation: 4/14/2004

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: CS265448

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State