# F99000001250

То:	Qualification/Ta Division of Cor					년. 클	
SUBJE	ECT:	Flaire, Inc				·	
		(Name of c	corporation	n - must include su	ffix)		
Dear S	ir or Madam:						
"Certif		on by Foreign Corporer, and check are submida.					•
Please	return all corresp	ondence concerning th	is matter	to the following:		-	
		Melissa Ensor			7000	00277 02/15/99-	57478 -01121008
	· · ·		(Name of	Person)		*****78.7°	
		Flaire, Inc.	-			· <del>-</del>	-
			(Firm/Cor	npany)		- ~~	28117
		225 N Interstat	e Drive			الملالات	2010
			(Addr	ess)		<u>-                                      </u>	· ·
		Sikeston, Mo 6	3801			LTAF	
	***		(City/Stat	te/Zip)		<del>- ·</del>	
	you need to call	someone concerning t	his matter 573	, please call:		 = : .	
- TIGI	(Name of Perso	at (_		) \$\frac{2}{2} \frac{2}{2} \fr	elenhone	Number)	- <u> </u>
STRE	ET ADDRESS:	11)	(Alca )	MAILING ADDI	<u>-</u>		SCORETAR IVISION OF A
						= HF 318	
Divisio 409 E.	cation/Tax Lien Son of Corporations Gaines St. assee, FL 32399			Qualification/Tax Division of Corpo P.O. Box 6327 Tallahassee, FL 3	rations	ion	STATE ORATIONS
Enclose	ed is a check for t	he following amount:				_	
□ \$70.	.00 Filing Fee	\$78.75 Filing Fee Certificate of Sta		\$78.75 Filing Fee Certified Copy	& 🗇	\$87.50 Filing Certificate of Certified Co	f Status &



#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 15, 1999

MELISSA ENSOR FLAIRE, INC. 225 N. INTERSTATE DR. SIKESTON, MO 63801

SUBJECT: FLAIRE, INC. Ref. Number: W99000003810

We have received your document for FLAIRE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6095.

Jennifer Sindt Document Examiner

Letter Number: 099A00006723

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned	Floyd Ferrell	<u></u>	do hereby certify
<u> </u>	(Name)		
that this Resolution of th	e Board of Directors of		·
	Flaire, Inc. (Corporate Nan	ne)	The state of the s
a corporation duly organ	ized and existing under the laws	of the State ofMi	.ssouri,
was duly adopted on	May 10		, 19 <sup>79</sup> .
Be it resolved, that	Flaire, Inc.	Corporate Name)	
organized and existing is	the State of Missouri	, he	reby adopts the name
Flaire, In	c. of Missouri	. <u> </u>	for use in Florida.
Dated: February 2	2, 1999	<u>.=</u> e	<b>로</b> :프
	Signature of either Chairman, Vice C	hairman or any officer	DIVISION OF C 99 MAR -8
	Floyd Ferrell - F		S AMIO: 0
DUISIO/406			

## 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.	Flaire Incorporat	ed 📰				=		<u> </u>
words or abl	rporation; must include the woreviations of like import in l	ord "INCORPOR anguage as will c	RATED", "Clearly indicated	ate that it is				
natural perso	on or partnership if not so cor	itained in the nam	te at present	·.)				
2.	Missouri		3.		43-1173	138_		
(State or cou	ntry under the law of which it	t is incorporated)		()	FEI number, i	f applica	ible)	<del></del>
4.	May 10, 1979 Date of incorporation)	<u>-5.</u>		Perpeti	ial	<u> </u>		<u> </u>
	Date of incorporation)		(Duration:	Year corp.	will cease to	exist or	"perpetual")	
6	February 8, 1999					=	-	
(Date	first transacted business in Flo	orida.) (SEE SEC	TIONS 607	.1501, 607.	1502 and 817	.155, F.S	S.)	
7	225 N Interstate	Drive			-	- <del></del>		
	Sikeston, MO 638	8 <b>01</b>				- -		
		(Current mailing	address)			<del>-</del> =	-	<del></del>
						1		
8	underground teler	hone constr	uction					
(Purp	ose(s) of corporation authoriz	ed in home state	or country t	o be carried	out in state of	of F <u>lo</u> rida	a)	
` •	ose(s) of corporation authoriz		·				•	
` •	street address of Florida	registered agen	·				•	<u>D</u> .
9. Name and	C T Corporation	registered agen	·				ceptable)	DIVISION
9. Name and Name	C T Corporation	registered agen	it: (P.O. B	ox or Mai	Drop Box 1		•	DIVISION OF U
9. Name and Name	C T Corporation  1200 S Pine Isl	registered agen	it: (P.O. B	ox or Mai	Drop Box 1		ceptable) 99 MAR -8	DIVISION OF CORP
9. Name and Name Office Addres	c T Corporation  1200 S Pine Isl  Plantation	registered agen	it: (P.O. B	ox or Mai	Drop Box 1		ceptable) 99 MAR -8	SEORE TARY OF STA
9. Name and Name Office Address 10. Registere	C T Corporation  1200 S Pine Isl  Plantation  d agent's acceptance:	registered agen	nt: (P.O. B	ox or Mai	33324 Zip code)	NOT acc	ceptable) 99 MAR -8 AM 10: 04	SEORE TARY OF STATE
9. Name and Name Office Address  10. Registere  Having been no	C T Corporation  1200 S Pine Isl  Plantation  d agent's acceptance:	registered agen  Land Rd	e of process	florida,(7	33324 Zip code)	NOT acc	ceptable)  99 MAR -8 AM 10: 04  at the place	
9. Name and Name Office Addres  10. Registere Having been not in this applicate comply with the	c T Corporation  1200 S Pine Isl Plantation  d agent's acceptance:  med as registered agent and agent, I hereby accept the appoint provisions of all statutes received.	registered agen  Land Rd  to accept service intment as regist lative to the proper	e of process ered agent er and com	florida,(I	33324 Zip code)  we stated corpo act in this contraction this contraction this contraction the contraction the contraction act in this contraction this contraction this contraction the contraction the contraction that contraction t	NOT acc	ceptable)  99 MAR - 8 AM 10: 04  at the place I further ag	ree to
9. Name and Name Office Addres  10. Registere Having been not in this applicate comply with the	c T Corporation  1200 S Pine Isl  Plantation  d agent's acceptance:  amed as registered agent and ton, I hereby accept the appo	registered agen  Land Rd  to accept service intment as regist lative to the proper	e of process ered agent er and com	florida,(I	33324 Zip code)  we stated corpo act in this contraction this contraction this contraction the contraction the contraction act in this contraction this contraction this contraction the contraction the contraction that contraction t	NOT acc	ceptable)  99 MAR - 8 AM 10: 04  at the place I further ag	ree to
9. Name and Name Office Addres  10. Registere Having been not in this applicate comply with the	C T Corporation  1200 S Pine Isl Plantation  d agent's acceptance:  amed as registered agent and a provisions of all statutes resolutions of my position as	registered agen  Land Rd  to accept service intment as regist lative to the proper	e of process ered agent er and comp	for the abound agree to the perfor	33324 Zip code)  we stated corpo act in this contraction this contraction this contraction the contraction the contraction act in this contraction this contraction this contraction the contraction the contraction that contraction t	NOT acc	ceptable)  99 MAR - 8 AM 10: 04  at the place I further ag	ree to

11. 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.

A. DIRECTOR	addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)  RS (Street address only - P.O. Box NOT acceptable)	
		•
Vice Chairman:		· · · · · · · · · · · · · · · · · · ·
Address:		<del>-</del>
<del></del>		
Director:		
		<del> </del>
<del></del>	<u>.</u>	
Director:		
		<del>.</del>
	· · · · · · · · · · · · · · · · · · ·	
B. OFFICERS	(Street address only - P.O. Box NOT acceptable)	
President:		v= · ·
Address:	225 N Interstate Drive	
	Sikeston, MO 63801	· · · · · · · · · · · · · · · · · · ·
Vice President:	Flaire Ferrell	
Address:	225 N Interstate Drive	
	Sikeston, MO 63801	
Secretary:	Georgia Ferrell	
Address:	225 N Interstate Drive	
	Sikeston MO 63801	
Treasurer:	Georgia Ferrell	
Address:	225 N Interstate Drive	- <del></del>
	Sikeston WO 62001	· · · · · · · · · · · · · · · · · · ·
NOTE: If paceess		
3.	ary, you may attach an addendum to the application listing additional officers and/or directors.	•
	Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
	o the configuration of all villices using the properties of the configurations	

#### ACCEPTANCE OF APPOINTMENT

RE: FLAIRE, INC.

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: February 9, 1999

C T CORPORATION SYSTEM

M. S. Green

Assistant Secretary

99 MAR - R AM IO: OL

STATE OF MISSOURI



### Rebecca McDowell Cook Secretary of State

CORPORATION DIVISION
CERTIFICATE OF CORPORATE GOOD STANDING

I, REBECCA McDOWELL COOK, 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
FLAIRE INCORPORATED

WAS INCORPORATED UNDER THE LAWS OF THIS STATE ON THE 10TH DAY OF MAY, 1979, AND IS IN GOOD STANDING, HAVING FULLY COMPLIED WITH ALL REQUIREMENTS OF THIS OFFICE.

IN TESTIMONY WHEREOF, I HAVE SET MY HAND AND IMPRINTED THE GREAT SEAL OF THE STATE OF MISSOURI, ON THIS, THE 24TH DAY OF FEBRUARY, 1999.

Secretary of State

