

# F99000005666

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: WARE ENTERPRISES, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following: 700003030687--5--

MARK COFFMAN

(Name of Person)

-11/01/99-01091-001  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

FOOD TEAM

(Firm/Company)

112 S. HANLEY SUITE 105

(Address)

CLAYTON, MISSOURI 63105

(City/State/Zip)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Should you need to call someone concerning this matter, please call:

MARK COFFMAN

(Name of Person)

at (314) 727-0002

(Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Section **MJH**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$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**

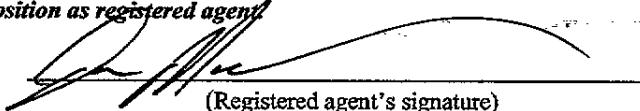
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. WARE ENTERPRISES, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. MISSOURI 3. 43-1857129  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7-19-99 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 10-5-99  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 112 S. HANLEY SUITE 105  
CLAYTON, MISSOURI 63105  
(Current mailing address)
8. PERSONNEL RECRUITING  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: JOAN MARTIN  
Office Address: 5850 T.G. LEE BLVD. SUITE 420  
ORLANDO, Florida, 32822  
(Zip code)

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**10. 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.*

  
(Registered agent's signature)

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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: BONNIE W. POLLOCK

Address: 112 S. HANLEY SUITE 105  
CLAYTON, MISSOURI 63105

Vice Chairman: KEITH GEORGE

Address: 112 S. HANLEY SUITE 105  
CLAYTON, MISSOURI 63105

Director: MARK COFFMAN

Address: 112 S. HANLEY SUITE 105  
CLAYTON, MISSOURI 63105

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: BONNIE W. POLLOCK

Address: 112 S. HANLEY SUITE 105  
CLAYTON, MISSOURI 63105

Vice President: KEITH GEORGE

Address: 112 S. HANLEY SUITE 105  
CLAYTON, MISSOURI 63105

Secretary: MARK COFFMAN

Address: 112 S. HANLEY SUITE 105  
CLAYTON, MISSOURI 63105

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Mark Coffman  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MARK COFFMAN - SECRETARY  
(Typed or printed name and capacity of person signing application)

# 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  
WARE ENTERPRISES, INC.

WAS INCORPORATED UNDER THE LAWS OF THIS STATE ON THE 19TH DAY OF JULY, 1999, 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 27TH DAY OF SEPTEMBER, 1999.

*Rebecca McDowell Cook*  
Secretary of State

