FOODOOUS 77

To: Registration S Division of Co		2		
SUBJECT:	and Rivers F	Anasailia In	<u>C.</u>	
•	(Name of corpor	ration - must include suffix)		
Dear Sir or Madam:		30	0003062753 -12/07/9901038010 *****87.50 *****87.	
	ation by Foreign Corporation ce", and check are submitted orida.			
Please return all corres	pondence concerning this ma	atter to the following:		
	BARBARA BUCTO	copy Kirk /	Hanne	
Mid Rivers ParaSpil Irr.				
(Firm/Company)				
-		1		
	19 HUNTING	Creek		
	.) ()	Address)		
<	St. Poters n	20 63376		
<u></u>	(City	/State/Zip)		
	(0.0)	, suite Lip)		
Should you need to cal	l someone concerning this m	atter, please call:		
D		VI 026 121		
BARBARA at (314) 978-1362				
(Name of Person) (Area Code & Daytime Telephone Number)				
STREET ADDRESS:	•	MAILING ADDRESS	99 SECH 1ALL	
Registration Section		Registration Section	P. P	
Division of Corporation	ns	Division of Corporation	ns So 7 7	
409 E. Gaines St.		P.O. Box 6327	mg 7 F	
Tallahassee, FL 32399	1	Tallahassee, FL 32314	50 z <u>U</u>	
Enclosed is a check for	the following amount:		3: 1 ATE RIDA	
□ \$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.
Mid Rusers ParaSailum +m
(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. \(\text{\chi} \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \(\left(\sigma \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \(\left(\sigma \) \(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \) \) \(\left(\sigma \) \(\left(\sigma \)
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4. 4-28-95 (Date of incorporation) 5. Verbet UAL (Duration: Year corp. will cease to exist or "perpetual")
6. UPPO QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 39 HUNTING Creek St. Poters mo 63376
(Principal office address)
20 1/20 1 1000 51 0-1
6. 57 HUNTING WEEK ST. PETERS MD 633)6 (Current mailing address)
(Current manning address)
8. PALASAIL RIDES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
O Nome and street address STILLIA
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: KICK HANNE
Office Address: 8620 Costcz W. Rd. #9
One realized to the control of the c
Bladenton, Florida 3/2/0 35 5 5
(Zip code) $\widetilde{\mathbb{A}}_{\widetilde{T}}$
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 havely accept the application of
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.
Kinh / Jane
(Registered agent's signature)
11 44 1 11 - 20 - 0 1 - 0 1 - 0 1

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 business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
Address: 39 HUNTING CICER	· .
51. Peters mo 63376	
Vice President:	
Address:	
Address:	
Secretary:	
Address:	Dic.
	99 SECR 1221
Treasurer: BALBALA BUCCOUGHS	DEC YAS
Address: 39 Hunting Creek	Mo 1 P
SI Onters but 1033716	32. 2 6
<u> </u>	577
NOTE: If necessary, you may attach an addendum to the application listing ad	ditional officers and/or directors(3)
13. (Signature of Chairman, Vice Chairman, or any officer listed in	n number 12 of the application)
(Signature of Chairman, vice Chairman, of any officer instead in	a amount of the man approximation,

(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

MID RIVERS PARASAILING, INC.

WAS INCORPORATED UNDER THE LAWS OF THIS STATE ON THE STHEODAY OF APRIL, 1995, AND IS IN GOOD STANDING, HAVING FULLY COMPLIED WITH ALL REQUIREMENTS OF THIS OFFICE. THE

IN TESTIMONY WHEREOF, I HAVE SET MY HAND AND IMPRINTED THE GREAT SEAL OF THE STATE OF MISSOURI, ON THIS, THE 1ST DAY OF DECEMBER, 1999.

Secretary of State

