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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

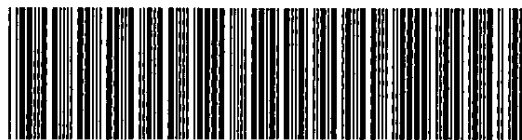
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Primaris Holdings 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," or "Certificate of Good Standing" 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:

Roger Klebba

Name of Person

Primaris Holdings Inc

Firm/Company

200 N Keene St

Address

Columbia, MO 65201

City/State and Zip code

rklebba@primaris.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roger Klebba

Name of Person

at ( 573 ) 817-8300 x149

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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. Primaris Holdings, Inc.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

**2. Missouri** **3. 47-1720773**

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

**4. 07/25/2014**

**5. Perpetual**

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

**6.**

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

**7. 200 N Keene St, Columbia, MO 65201**

(Principal office address)

**Same as above**

(Current mailing address)

**8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)**

Name: **Incorp Services, Inc.**

Office Address: **17888 67th Court North**

**Loxahatchee**

(City)

**Florida 33470**

(Zip code)

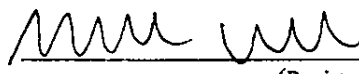
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**9. Registered agent's acceptance:**

*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.*

 **Natalie Bales on behalf of Incorp Services, Inc.**

(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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AND  
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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Thomas Holloway

Address: PO Box 1028  
Jefferson City, MO 65102-1028

Vice Chairman: Patrick J Mills, MBA

Address: 2930 Cantaberry Drive  
Jefferson City, MO 65109

Director: Brian Bowles

Address: 1423 Randy Lane  
Jefferson City, MO 65101

Director: Clarence C Swarens

Address: 2715 W Schellridge Road  
Jefferson City, MO 65109-1162

**B. OFFICERS**

President: \_\_\_\_\_

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

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

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

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

12.  11-19-14  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

13. Thomas Holloway Director

(Typed or printed name and capacity of person signing application)

# STATE OF MISSOURI



**Jason Kander**  
**Secretary of State**

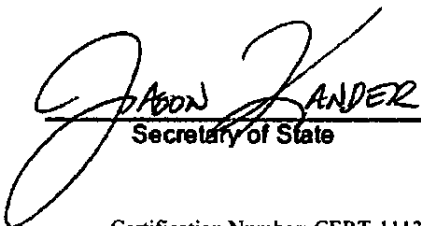
**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

I, JASON KANDER, 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

***Primaris Holdings, Inc.***  
**001364037**

was created under the laws of this State on the 25th day of July, 2014, 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 13th day of November, 2014.

  
Secretary of State

Certification Number: CERT-11132014-0004



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND