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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

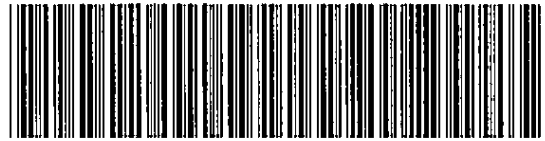
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF SUPERIOR COURT
STATE OF OHIO

OCT 24 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Design Mechanical, 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:

Timi Shamblin

Name of Person

Design Mechanical, Inc.

Firm/Company

100 Greystone Ave.

Address

Kansas City, KS 66103

City/State and Zip code

tshamblin@dmi-ks.com

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

For further information concerning this matter, please call:

Timi Shamblin

at (913) 281-7200

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee.

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. Design Mechanical, 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. Kansas 3. 20-0144625
(State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 8-11-03 5.
(Date of incorporation) (Date of duration, if other than perpetual)

6. 11-1-22
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 100 Greystone Ave. Kansas City, KS 66103
(Principal office street address)

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (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.

Handwritten signature of Jennifer J. M.

(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. Attached

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: William J. Her
 Vice Chairman Address: 2310 W. 70th Terr.
 Director Mission Hills, KS 66208
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: William J. Pointer
 Vice Chairman Address: 9629 Belinder Rd.
 Director Leawood, KS 66206
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Timi Benso Shamblin
 Vice Chairman Address: 3146 W. 145th Terr.
 Director Leawood, KS 66224
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Robert Brennen Garry
 Vice Chairman Address: 9613 McCormack
 Director Lenexa, KS 66227
 President _____
 Vice President _____
 Secretary Treasurer
 Other ^{COO} _____ Other _____

Chairman Name: Valerie Mussett
 Vice Chairman Address: 801 154th Cir.
 Director Bonner Springs, KS 66012
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Daryl L. Cox
 Vice Chairman Address: 12904 W. 168th St.
 Director Overland Park, KS 66221
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. *Timi Benso Shamblin*
 Signature of Director or Officer

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.

13. Timi Benso Shamblin, Vice President-Finance
 (Typed or printed name and capacity of person signing application)

A. DIRECTORS - ATTACHMENT

Chairman Name: Raymond A. Amone
 Vice Chairman Address: 18123 Crestview Dr.
 Director Holt, MO 64048
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

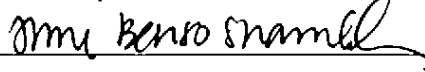
Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

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13. Timi Benso Shamblin, Vice President-Finance _____
 (Typed or printed name and capacity of person signing application)

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office,

Business Entity ID Number: 3508629

Entity Name: DESIGN MECHANICAL, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

was filed in this office on August 11, 2003, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of October 07, 2022

A handwritten signature in cursive script that reads "Scott Schwab".

SCOTT SCHWAB
SECRETARY OF STATE