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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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Foreign Limited Liability Company  
Kalmar Solutions LLC

Certificate of Status	0
Certified Copy	1
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FILED  
2019 JAN -3 AM 9:46  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2019 JAN -3 AM 10:04

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Kalmar Solutions LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Texas 3. 71-0891083 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. upon filing (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 415 E Dundee St. 6. 415 E Dundee St. (Street Address of Principal Office) (Mailing Address) Ottawa, KS 66067 Ottawa, KS 66067

7. 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)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

By: C T Corporation System James M. Halpin Assistant Secretary (Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Table with 4 columns: Title or Capacity, Name and Address, Title or Capacity, Name and Address. Rows for Howard T. Case and Clay Weitzel.

FILED 2019 JAN -3 AM 9:11 SUPERIOR COURT OF STARBUCK FALLS HASSELL FLORIDA

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Howard T. Case Signature of an authorized person Howard T. Case Typed or printed name of signer

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



David Whitley  
Secretary of State

### Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for Kalmar Solutions LLC (file number 800094260), a Domestic Limited Liability Company (LLC), was filed in this office on June 14, 2002.

It is further certified that the entity status in Texas is in existence.

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2019 JAN -3 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 02, 2019.



David Whitley  
Secretary of State

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