

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MODULAR DESIGN AND CONSTRUCTION, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DIANE RUCKER
Name of Person

TOCHTROP & ASSOCIATES PC
Firm/Company

PO BOX 1578
Address

WASHINGTON MO 63090
City/State and Zip Code

diane@tochtrop.net
E-mail address: (to be used for future annual report notification)

2019 DEC -2 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DIANE RUCKER at (636) 239-6400
Name of Contact Person Area Code Daytime Telephone Number

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

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

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

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. MODULAR DESIGN AND CONSTRUCTION, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. MISSOURI
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 101 HUNTER PARKWAY
(Street Address of Principal Office)

6. PO BOX 216
(Mailing Address)

JONESBURG MO 63351

JONESBURG MO 63351

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

Name: BUSINESS FILINGS INCORPORATED

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.

[Handwritten Signature]
Asst. Sec. Business Filings Incorporated
(Registered agent's signature)

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LLC

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

Manager Name: PENNY L HUNTER

Member Address: 33803 PUND DR

Authorized JONESBURG MO 63351

Person _____

Other _____ Other _____

Manager Name: DUSTIN J HUNTER

Member Address: 5226 PHILLIPS OAK LN

Authorized ORLANDO FL 32812

Person _____

Other _____ Other _____

Manager Name: STACEY L SAAK

Member Address: PO BOX 342

Authorized JONESBURG MO 63351

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: JAMES L HUNTER

Member Address: 32841 PENNY LN

Authorized JONESBURG MO 63351

Person _____

Other _____ Other _____

Manager Name: JOHN D. COSTA

Member Address: 829 E 4TH ST

Authorized OCEAN CITY NJ 08226

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

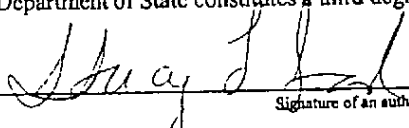
Other _____ Other _____

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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.

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.



 Signature of an authorized person
 STACEY L. SAAK, MEMBER

 Typed or printed name of signer

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

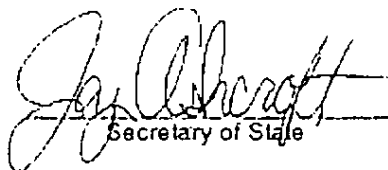
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

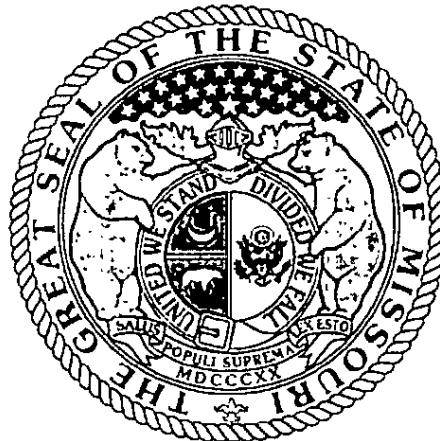
MODULAR DESIGN AND CONSTRUCTION, LLC
LC001646721

was created under the laws of this State on the 6th day of May, 2019, and is active, having duly complied with all requirements of this office.

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TALLAHASSEE, FLORIDA

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 6th day of September, 2019.


Secretary of State



Certification Number: CERT-09062019-0016