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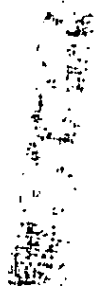


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DATE: 6/4/20

NAME: THREE OCHS, LLC

TYPE OF FILING: APPLICATION

COST: 125.00

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20 JUN -4 AM 4: 29

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A. Hodge

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. THREE OCHS, 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. 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. 2221 REBECCA LYNN COURT
(Street Address of Principal Office)

6. C/O LAW OFFICE OF ANDREW WEINHAUS, LLC
(Mailing Address)

CHESTERFIELD, MO 63017

7701 FORSYTH BLVD., SUITE 1060

CLAYTON, MO 63105

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

Name: PARACORP INCORPORATED

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee, Florida 32301
(City) (Zip code)

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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.

SEE ATTACHED

(Registered agent's signature)

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	<small>Lamar K Ochs Irrevocable Family Trust dated July 9, 2018</small> Name: _____	<input type="checkbox"/> Manager	<small>Lynda A Ochs Revocable Living Trust dated June 14, 2007</small> Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>10130 North 106th Street</u>	<input checked="" type="checkbox"/> Member	Address: <u>304 Summers Trace</u>
<input type="checkbox"/> Authorized Person	<u>Scottsdale, AZ 85258</u>	<input type="checkbox"/> Authorized Person	<u>Belleville, IL 62220.</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	<small>Constance Ochs Whitney Revocable Living Trust dated November 2, 2007</small> Name: _____	<input type="checkbox"/> Manager	<small>Lamar H Ochs Irrevocable Trust Dated April 27, 2007 for the benefit of Lamar K Ochs</small> Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>4436 Ocean View Drive</u>	<input checked="" type="checkbox"/> Member	Address: <u>10130 North 106th Street</u>
<input type="checkbox"/> Authorized Person	<u>Destin, FL 32541</u>	<input type="checkbox"/> Authorized Person	<u>Scottsdale, AZ 85258</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	<small>Lamar H Ochs Irrevocable Trust dated April 27, 2007 for the benefit of Lynda A Ochs</small> Name: _____	<input type="checkbox"/> Manager	<small>Lamar H Ochs Irrevocable Trust dated April 27, 2007 for the benefit of Constance Ochs Whitney</small> Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>10130 North 106th Street</u>	<input checked="" type="checkbox"/> Member	Address: <u>10130 North 106th Street</u>
<input type="checkbox"/> Authorized Person	<u>Scottsdale, AZ 85258</u>	<input type="checkbox"/> Authorized Person	<u>Scottsdale, AZ 85258</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

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 seal 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.

Eboni Robinson
Signature of an authorized person

Eboni Robinson
Typed or printed name of signer

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STATE OF FLORIDA
REGISTERED AGENT CONSENT FORM

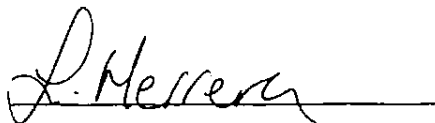
DATE: 6/4/2020

ENTITY NAME: THREE OCHS, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Leticia Herrera, Assistant Secretary
Paracorp Incorporated

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STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

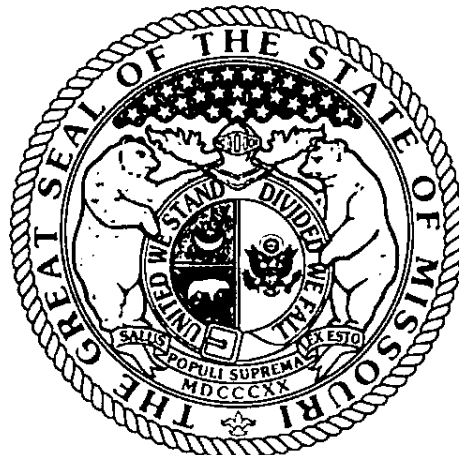
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Three Ochs, LLC
LC0930230

was created under the laws of this State on the 12th day of November, 2008, and is active, 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 26th day of May, 2020.


Secretary of State



Certification Number: CERT-05262020-0106