

N 200000005896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

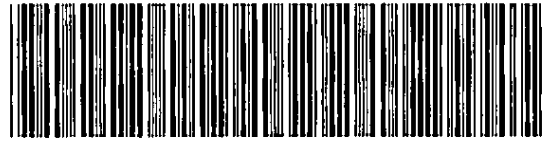
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W20000049328

Office Use Only



600344167136

05/12/20--01013--016 **160.00

07/06/20--01006--002 **638.75

FILED
2020 JUN 25 PM 4:48
CIVIL SERVICE CENTER

45
~~6/30/20~~
7/6/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2020

MARY KATE HOGAN
11330 OLIVE BLVD.
SUITE:200
CREVE COEUR, MO 63141

SUBJECT: CLEARENT, LLC
Ref. Number: W20000049328

We have received your document for CLEARENT, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 520A00010130

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JUN 29 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clearent, 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:

Mary Kate Hogan
Name of Person
Clearent, LLC
Firm/Company
11330 Olive Blvd., Suite 200
Address
Creve Coeur, MO 63141
City/State and Zip Code
GeneralCounsel@clearent.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Mary Kate Hogan at (314) 732-0518
Name of Contact Person Area Code Daytime Telephone Number

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

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

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. Clearent, 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. 20-2775680
(FEI number, if applicable)

4. October 1, 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Clearent, LLC
(Street Address of Principal Office)

6. Clearent, LLC
(Mailing Address)

1625 S. Congress Ave., Suite 400
Delray Beach, FL 33445

1330 Olive Blvd., Suite 200
Creve Coeur, MO 63141

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


Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.


KADESHA ROBERSON, ASST. VICE PRESIDENT
(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]:

Title or Capacity: Name and Address:
 Manager Name: Pamela Joseph
 Member Address: 11330 Olive Blvd., Suite 200
 Authorized Creve Coeur, MO 63141
 Person _____
 Other _____ Other _____

Manager Name: Melinda Vedder
 Member Address: 11330 Olive Blvd., Suite 200
 Authorized Creve Coeur, MO 63141
 Person _____
 Other _____ Other _____

Manager Name: Mary Kate Hogan
 Member Address: 11330 Olive Blvd., Suite 200
 Authorized Creve Coeur, MO 63141
 Person _____
 Other _____ Other _____

Title or Capacity: Name and Address:
 Manager Name: A. Brent Coles
 Member Address: 11330 Olive Blvd., Suite 200
 Authorized Creve Coeur, MO 63141
 Person _____
 Other _____ Other _____

Manager Name: Ryan Leonard
 Member Address: 11330 Olive Blvd., Suite 200
 Authorized Creve Coeur, MO 63141
 Person _____
 Other _____ Other _____

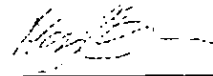
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

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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

Mary Kate Hogan

 Typed or printed name of signer

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

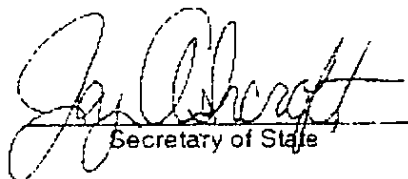
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

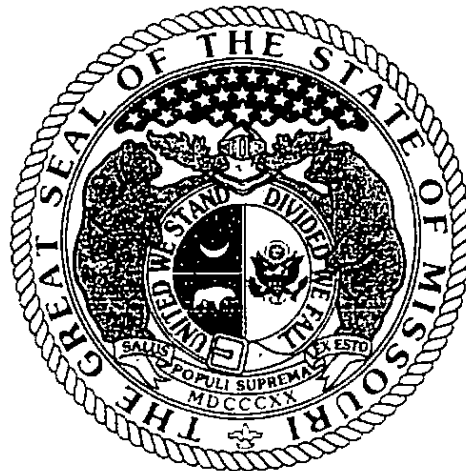
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Clarent, LLC
LC0674242

was created under the laws of this State on the 26th day of July, 2005, 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 5th day of May, 2020.


Secretary of State



Certification Number: CERT-05052020-0081

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