

4/13/2021

Division of Corporations

M2100004378

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

From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company CSG Public Sector L.L.C.

Table with 2 columns: Item, Value. Rows: Certificate of Status (0), Certified Copy (1), Page Count (04), Estimated Charge (\$155.00)

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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. CSG Public Sector L.L.C.
(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. Delaware
(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. 10100 N. Ambassador Suite 400
(Street Address of Principal Office)
Kansas City, Missouri 64153
6. 10100 N. Ambassador Suite 400
(Mailing Address)
Kansas City, Missouri 64153

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

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324

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: Lisa DuBois, Assistant Secretary
(Registered agent's signature)

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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: Manager **Name and Address:** The Heico Companies, L.L.C.
 Name: _____
 Address: 27501 Bella Vista Parkway
 Warrenville, Illinois 60555
 Member
 Authorized Person
 Other _____

Manager **Name:** Michael Moorhouse
 Name: _____
 Address: 10100 N. Ambassador
 Suite 400
 Kansas City, Missouri 64153
 Member
 Authorized Person
 Other _____

Manager **Name:** Stanley H. Meadows
 Name: _____
 Address: 70 W. Madison Suite 5600
 Chicago, IL 60602
 Member
 Authorized Person
 Other _____

Manager **Name and Address:** Emily Heisley Stoeckel
 Name: _____
 Address: 70 W. Madison Suite 5600
 Chicago, IL 60602
 Member
 Authorized Person
 Other _____

Manager **Name:** Danny Battjes
 Name: _____
 Address: 10100 N. Ambassador
 Suite 400
 Kansas City, Missouri 64153
 Member
 Authorized Person
 Other _____

Manager **Name:** David VanVleet
 Name: _____
 Address: 10100 N. Ambassador
 Suite 400
 Kansas City, Missouri 64153
 Member
 Authorized Person
 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.

DocuSigned by:
 David Van Vleet
 24A1CFE522485
 4/13/2021
 Signature of an authorized person

David VanVleet
 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CSG PUBLIC SECTOR L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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 2021 APR 13 PM 4:46
 SECRETARY OF STATE
 TALLEY, SEEN PL



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

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SR# 20211080317

You may verify this certificate online at corp.delaware.gov/authver.shtml

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Date: 03-29-21