

4/29/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

****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 Midwest Consulting & Services, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 80648F98-B87C-47FC-B638-C7E67B964834

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. Midwest Consulting & Services, 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 laws of which foreign limited liability company is organized)

3. _____
(FBI 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. 2030 Alton Court
(Street Address of Principal Office)

6. 2030 Alton Court
(Mailing Address)

St. Louis, MO 63146

St. Louis, MO 63146

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

Name: CIT 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.

Candice Pignataro Candice Pignataro 4/29/2021
(Registered agent's signature) Assistant Secretary

FILED
2021 APR 29 PM 1:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Tom Weaver

☒ Member

Address: 2030 Alton Court

☐ Authorized

St. Louis, MO 63146

Person

☐ Other☐ Other**Title or Capacity:****Name and Address:**☐ Manager

Name: Anthony Magnan

☒ Member

Address: 9030 Sappington Road

☐ Authorized

St. Louis, MO 63126

Person

☐ Other☐ Other☐ Manager

Name: Nathan Kitchen

☒ Member

Address: 5509 Crescent Drive

☐ Authorized

Hillsboro, MO 63050

Person

☐ Other☐ Other☐ Manager

Name: William Begis

☒ Member

Address: 1317 Field Stone Drive

☐ Authorized

Waterloo, IL 62298

Person

☐ Other☐ Other☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other☐ Other☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other☐ 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 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:

Brett Vuagniaux

324062ADE7501C...

Signature of an authorized person

Brett Vuagniaux, CFO

Typed or printed name of signee

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

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

Midwest Consulting & Services, LLC

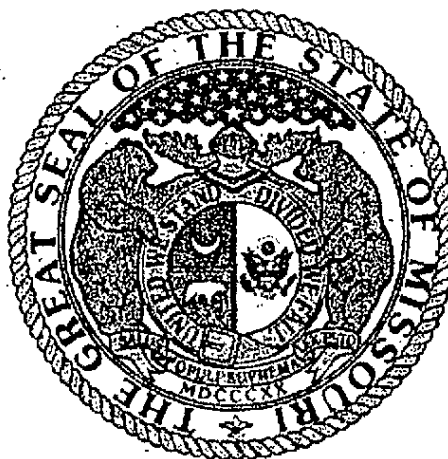
LC001435210

A Missouri entity was created under the laws of this State on 2/2/2015, and is Active, having fully complied with all the 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, the 28th day of April, 2021.


Secretary of State

Certification Number: CERT-IN79345



2021 APR 29 PM 1:10
STATE OF MISSOURI
JALAHASSEE, FLORIDA