

4/29/2021

Division of Corporations

M2100005162

Florida Department of State
Division of Corporations
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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: _____

2021 APR 29 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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2021 APR 29 PM 3:20

**Foreign Limited Liability Company
Midwest Consulting & Services, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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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. 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," "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. 2030 Alton Court
(Street Address of Principal Office)
St. Louis, MO 63146

6. 2030 Alton Court
(Mailing Address)
St. Louis, MO 63146

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33334
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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
Assistant Secretary
(Registered agent's signature)

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TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons who 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 _____

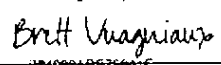
Person _____

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:

 Signature of an authorized person

Brett Vuagniaux, CFO

 Typed or printed name of signer

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

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

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