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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

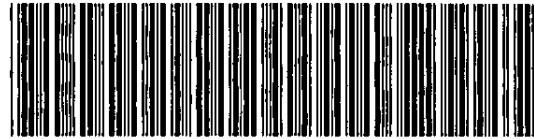
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10/11/16--01019--006 **78.75

FILED
16 OCT 11 AM 10:00
NOTARY OF STATE
TALLAHASSEE, FLORIDA

T WASHINGTON

OCT 12 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KE2 Therm Solutions, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Tom Wunderlich

	Name of Person
KE2 Therm Solutions, Inc	
	Firm/Company
12 Chamber Drive	
	Address
Washington, Missouri 63090	
	City/State and Zip code
tom.wunderlich@ke2therm.com	
	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Wunderlich	636	266-0140 Ext. 503
_____	at (_____) _____	
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|---|---|

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. KE2 Therm Solutions, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Missouri 3. 27-1417025
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 15, 2009 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 11/01/2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 12 Chamber Drive, Washington, MO 63090
(Principal office address)
- _____
(Current mailing address, if different)
8. 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
(City) (Zip code)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



Kristin Bolden
Assistant Secretary

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Paul Tice
477 North Lindbergh
Address: St. Louis, MO 63141

Vice Chairman: _____
Address: _____

Director: Patrick A. Holdmeyer
12 Chamber Drive
Address: Washington, MO 63090

Director: Tom Desloge
13 Chamber Drive
Address: Washington, MO 63090

B. OFFICERS

President: Patrick A. Holdmeyer
12 Chamber Drive
Address: Washington, MO 63090

Vice President: _____
Address: _____

Secretary: Thomas J. Wunderlich
12 Chamber Drive, Washington, MO 63090
Address: _____

Treasurer: _____
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Thomas J. Wunderlich, Secretary
(Typed or printed name and capacity of person signing application)

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16 OCT 11 AM 10:00
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

KE2 Therm Solutions, Inc.

Attachment to Application by a Foreign Corporation for Authorization to Transact Business in
Florida

Additional Directors:

Joe McCarty
3800 Colonnade Pkwy, Suite 430
Birmingham, AL 35243

Richard Wunderlich
407 Windy Hills Drive
Washington, MO 63090

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16 OCT 11 AM 10:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

Jason Kander Secretary of State
2015-2016 BIENNIAL REGISTRATION REPORT
BUSINESS

01008239
Date Filed: 12/29/2015
Jason Kander
Missouri Secretary of State

☒ I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 2/29/2016

01008239
KE2 Therm Solutions, Inc.
PATRICK A. HOLDMEYER
5470 COUNTRY CLUB ROAD
WASHINGTON MO 63090

RENEWAL MONTH:
NOVEMBER

☐ I OPT TO CHANGE THE CORPORATION'S
RENEWAL MONTH TO FOR A \$25.00 FEE

PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *

209 Lange Drive (Required)

STREET
Washington MO 63090
CITY / STATE ZIP

If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

☐ The new registered agent

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW
REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☐ The new registered office address

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).

MUST LIST PRESIDENT AND SECRETARY BELOW

PRESIDENT Holdmeyer, Patrick A
STREET 5470 Country Club Road

CITY/STATE/ZIP Washington MO 63090

SECRETARY Wunderlich, Thomas J
STREET 507 Brookfield Dr.

CITY/STATE/ZIP Washington MO 63090

STREET

CITY/STATE/ZIP

STREET

CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).

MUST LIST AT LEAST ONE DIRECTOR BELOW

NAME Tice, Paul
STREET 7733 Forsyth Blvd
Suite 1350

CITY/STATE/ZIP St. Louis MO 63105

NAME Holdmeyer, Patrick A
STREET 5470 Country Club Rd

CITY/STATE/ZIP Washington MO 63090

NAME Deloge, Tom
STREET #2 Fairlake Dr.

CITY/STATE/ZIP Chesterfield MO 63005

NAME McCarty, Joe
STREET 3800 Colonnade Pkwy
Suite 430

CITY/STATE/ZIP Birmingham AL 35243

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

The undersigned understands that false statements made in this report are punishable for the crime of making a false
declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here

Thomas James Wunderlich

(Required)

Please print name and title of signer:

Thomas James Wunderlich

Vice President

NAME

TITLE

REGISTRATION REPORT FEE IS:

___\$40.00 If filed on or before 2/29/2016

___\$55.00 If filed on or before 3/31/2016

___\$70.00 If filed on or before 4/30/2016

___\$85.00 If filed on or before 5/31/2016

ADD AN ADDITIONAL \$25.00 FEE IF CHANGING THE RENEWAL MONTH.

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW
IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION
PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL):

Jason Kander Secretary of State
 2015-2016 BIENNIAL REGISTRATION REPORT
 BUSINESS

01008239
 KE2 Therm Solutions, Inc.
 PATRICK A. HOLDMEYER
 5470 COUNTRY CLUB ROAD
 WASHINGTON MO 63090

OFFICERS (Continued)		BOARD OF DIRECTORS (Continued)	
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).	
3	STREET CITY/STATE/ZIP	<u>DIR.</u> STREET CITY/STATE/ZIP	Wunderlich, Richard 407 Windy Hills Dr Washington MO 63090

FILED
 16 OCT 11 AM 10:00
 SECRETARY OF STATE
 PALM BEACH, FLORIDA

STATE OF MISSOURI



Jason Kander
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

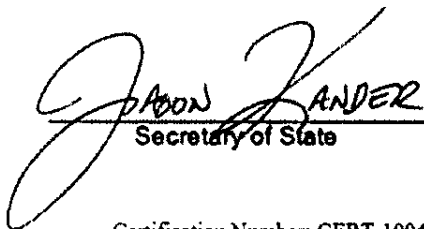
I, JASON KANDER, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

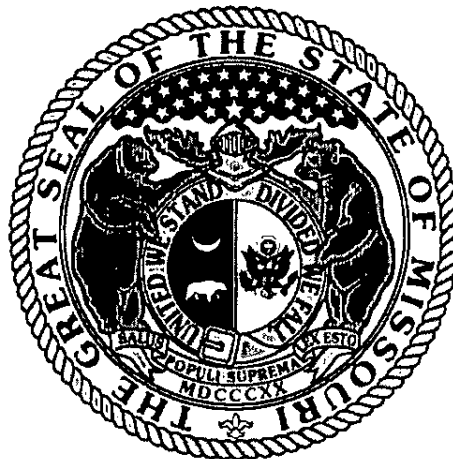
KE2 Therm Solutions, Inc.
01008239

was created under the laws of this State on the 3rd day of November, 2009, and is in good standing having fully complied with all requirements of this office.

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16 OCT 11 AM 10:00
OFFICE OF THE SECRETARY OF STATE
JEFFERSON, MISSOURI

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 4th day of October, 2016.


Secretary of State



Certification Number: CERT-10042016-0019