

F180000004907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

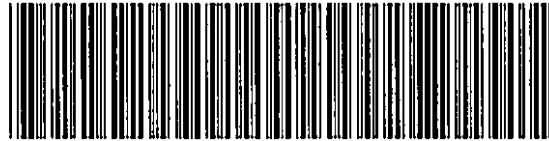
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL
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OCT 29 2018

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations
LEVEL CRETE, INC

SUBJECT: _____
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:
ANGELA PARKER

Name of Person
AJ CORPORATE SERVICES, INC

Firm/Company
215 SE DOUGLAS ST

Address
LEE'S SUMMIT, MO 64063

City/State and Zip code
ANGELA.P@PSLLP.BIZ

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELA K. PARKER 816 434-6770

Name of Person at () Daytime Telephone Number
Area Code

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:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$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.

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LEVEL CRETE, INC.

1. _____
(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)
MISSOURI

2. _____ 3. 20-4791228
(State or country under the law of which it is incorporated) (FEI number, if applicable)
04/26/2006 PERPETUAL

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

4067 ROCK CREEK DR; PORT CHARLOTTE, FL 33948

7. _____
(Principal office address)

(Current mailing address, if different)

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

DAVID SMITH

Name: _____

4067 ROCK CREEK DR

Office Address: _____

PORT CHARLOTTE,

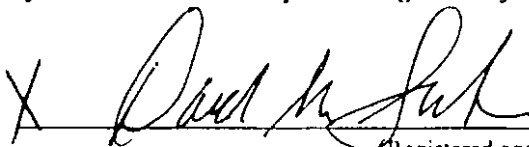
33948

(City)

Florida _____
(Zip code)

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.

X 

(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

DAVID SMITH

Chairman:

4067 ROCK CREEK DRIVE

Address:

PORT CHARLOTTE, FL 33948

LAURIE SMITH

Vice Chairman:

4067 ROCK CREEK DRIVE

Address:

PORT CHARLOTTE, FL 33948

Director:

Address:

Director:

Address:

B. OFFICERS

DAVID SMITH

President:

4067 ROCK CREEK DRIVE

Address:

PORT CHARLOTTE, FL 33948

LAURIE SMITH

Vice President:

4067 ROCK CREEK DRIVE

Address:

PORT CHARLOTTE, FL 33948

LAURIE SMITH

Secretary:

4067 ROCK CREEK DRIVE; PORT CHARLOTTE, FL 33948

Address:

LAURIE SMITH

Treasurer:

4067 ROCK CREEK DRIVE; PORT CHARLOTTE, FL 33948

Address:

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TALLAHASSEE, FL

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

12. X

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. X

(Typed or printed name and capacity of person signing application)

STATE OF MISSOURI



John R. Ashcroft
Secretary of State


CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

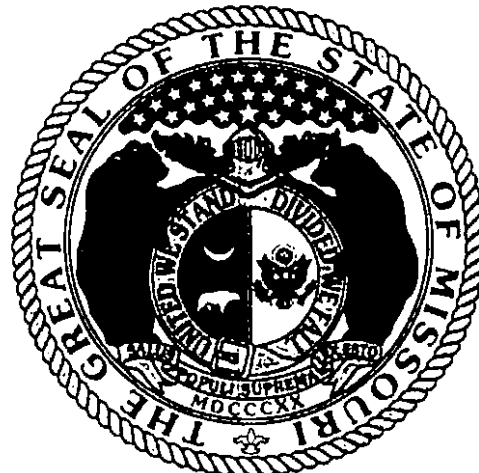
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

Level Crete, Inc.
00734356

was created under the laws of this State on the 24th day of April, 2006, and is in good standing, 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 20th day of September, 2018.


Secretary of State



Certification Number: CERT-09202018-0022