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SECRETARY OF STATE

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COVER LETTER

TO: Registration Secti Division of Corpo				
SUBJECT: R. C. Bu	ırmeister, Inc. dba Burmı	eister Design		
		- must include suffix		
Dear Sir or Madam:				
"Certificate of Existence,"	n by Foreign Corporation for or "Certificate of Good Star corporation to transact busine	nding" and check are submi	Business in Florida," itted to register the	
Please return all correspor	ndence concerning this matter	r to the following:		
Julie Burmeister				
	Name of	Person		
Burmeister Desigr	1			
	Firm/Con	npany		
1610 Clermont Dr	Unit 401			
	Addr	ess		
Naples, FL 34109	1			
	City/State a	ind Zip code	- , 	
RCBurmeister@g	mail.com			
	E-mail address: (to be used	for future annual report not	ification)	
For further information co	oncerning this matter, please o	call:		
Julie Burmeister	at (314	704-0997		
Name of Person	Area Cod	le Daytime Telepho	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314	
	o: FLORIDA DEPARTMENT		S87.50 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.

iame unavaila	r Design			
	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in	Florida)	
Missouri 3.		43-1661615		
tate or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
12-21-1993 5.		(Date of duration, if other than perpetual)		
(Date of incorporation)		(Date of duration, if other than perpetual)		
	(Date first transacted business (SEE SECTIONS 607,1501 & 607.	in Florida, if prior to registration) 502, F.S., to determine penalty liability)	 ,	
1610 Clerr	mont Dr Unit 401, Naples, FL 341	09		
	(Principal of	lice <u>street</u> address)		
me and stree	(Current mail	ng address, if different)		
Name:	(Current mail taddress of Florida registered agent: (P. Julie Burmeister	ng address, if different)	2021	
	(Current mail t address of Florida registered agent: (P. Julie Burmeister 1610 Clermont Dr Unit 401	ng address, if different) O. Box NOT acceptable)	2021 NOV	
Name:	(Current mail t address of Florida registered agent: (P. Julie Burmeister 1610 Clermont Dr Unit 401	ng address, if different) O. Box NOT acceptable)	2021 NOV 1.7	
Name:	(Current mail t address of Florida registered agent: (P. Julie Burmeister 1610 Clermont Dr Unit 401	ng address, if different)	2021 NOV 1.7 P	
Name: Address:	(Current mail t address of Florida registered agent: (P. Julie Burmeister 1610 Clermont Dr Unit 401 Naples (City)	ng address, if different) O. Box NOT acceptable) , Florida 34109 (Zip code)	PH	
Name: Address: gistered age	(Current mail t address of Florida registered agent: (P. Julie Burmeister 1610 Clermont Dr Unit 401 Naples (City) ent's acceptance: end as registered agent and to accept server.	O. Box NOT acceptable) Plorida 34109 (Zip code) ice of process for the above stated corporation	} P utĦe j	
Name: Address: gistered age g been name nated in this er agree to co	(Current mail t address of Florida registered agent: (P. Julie Burmeister 1610 Clermont Dr Unit 401 Naples (City) ent's acceptance: ed as registered agent and to accept servapplication, I hereby accept the appointment of all statutes	ng address, if different) O. Box NOT acceptable) Florida 34109 (Zip code) ice of process for the above stated corporation ment as registered agent and agree to actificate to the proper and complete performance.	} n atÆle j his osp ad	
Name: Address: gistered age g been name nated in this er agree to co	(Current mail t address of Florida registered agent: (P. Julie Burmeister 1610 Clermont Dr Unit 401 Naples (City) ent's acceptance: ed as registered agent and to accept servapplication, I hereby accept the appoint	ng address, if different) O. Box NOT acceptable) Florida 34109 (Zip code) ice of process for the above stated corporation ment as registered agent and agree to actificate to the proper and complete performance.	} n atÆle j his osp ad	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS						
⊠ Chairman	Name: Julie Burmeister	□Chairman	Name: Robert Burmeister			
□Vice Chairman	Address: 1610 Clermont Dr Unit 401	X Vice Chairman	Address: 1610 Clermont Dr Unit 401			
□Director	Naples, FL 34109	□Director	Naples, FL 34109			
X President		□President				
□Vice President		⊠ Vice President				
X)Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other		□Other	Other			
□ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
☐Director		□Director				
□President		□President				
□Vice President		□Vice President				
□ Secretary	☐Treasurer	☐ Secretary	□Treasurer			
□Other	□Other	□Other	Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
□ Secretary	□Treasurer	☐ Secretary	☐ Treasurer			
□Other	□Other	Other	□Other			
Important Notice: individuals may be	Use an attachment to report more than six (6). The atta added to the index when filing your Florida Departme	chment will be image int of State Annual R	ed for reporting purposes only. Non-indexed eport form.			
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. Julie Burmeister, Pres. (Typed or printed name and capacity of person signing application)						
	Cityles or faintee name and capacity of Jerse	we was approached	··· ,			

STATE OF MISSOURY



John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

1. 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

R. C. Burmeister, Inc. 00389495

was created under the laws of this State on the 21st day of December, 1993, 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 15th day of November, 2021.

,____,

Certification Number: CERT-11152021-0026

