F23000002639

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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Special Instructions to Filing Officer:					





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S. ROBERTS

COVER LETTER

	Registration Section Division of Corporations			
SUBJE	CCT: A.L. Huber, Inc.			
		f corporation -	must include suffix	
Dear Si	r or Madam:			
"Certific	losed "Application by Foreign Corcate of Existence," or "Certificate of ferenced foreign corporation to tra	of Good Stand	ing" and check are submitted	iness in Florida," to register the
Please r	eturn all correspondence concernir	ng this matter t	o the following:	
Mary Ke			·	
		Name of P	erson	
A.L. Hu	ber, Inc.			
		Firm/Comp	any	
10770 E	l Monte			
		Addres	S	
Overlan	d Park, KS 66211			
		City/State and	d Zip code	
mkeitel(@alhuber.com			
	E-mail address:	(to be used fo	r future annual report notifica	ation)
For furt	her information concerning this ma	itter, please ca	II:	
Mary Keitel		913	913 341-4880	
	Name of Person	Area Code	Daytime Telephone N	Number
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	i:	MAILING ADDRI Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 322	tions
Please m	d is a check for the following amorake check payable to: FLORIDA DE 00 Filing Fee	PARTMENT (Fee &	\$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.

A.L. Huber, Inc	C .				
(Enter name of o	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	ED,"	"COMPANY," "CORPORATION,"		
A.L. Huber Ger	neral Contractor				
(If name unavail	lable in Florida, enter alternate corporate na	me a	lopted for the purpose of transacting busines	s in Florida)	
Missouri		3 43-1019873			
12/18/1963	ry under the law of which it is incorporated)	1	(FEI number, if applicable)		
4	(Date of incorporation)				
(Date	e of incorporation)		(Date of duration, if other than perp	ctual)	
6					
	(Date first transacted busines	s in	lorida, if prior to registration)		
10000 0111	(SEE SECTIONS 607.1501 & 607	7.150	2, F.S., to determine penalty liability)		
7	Overland Park, KS 66211				
	(Principal	offic	street address)	2	
				2023 i	
	(Current ma	iline	address, if different)	·-·	
	\ = **** **** //**				
8 Name and etro	at address of Clasida assistant to the	D 0	D	? ==	
o. Name and stre	et address of Florida registered agent: ()	P.O.	Box NOT acceptable)		
Name:	Jake R. Kearney	_		Ö	
000	1317 Dockside Place				
Office Address:			_	0	
	Sarasota		. Florida ³⁴²⁴²		
	(City)		(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.

(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.

A. DIRECTORS							
□ Chairman	Name: Phillip W Thomas	☐ Chairman	Name: Keith Dorrian				
□Vice Chairman	Address:	□Vice Chairman	Address: 4492 SW Raintree Shore Drive				
Director	Loch Lloyd MO 64012	□Director	Lee's Summit MO 64082				
President		□President					
□Vice President		■Vice President					
☐ Secretary	☐ Treasurer	☐ Secretary	Treasurer				
□Other	Other	Other	Other				
■Chairman □Vice Chairman □Director	Name: August L Huber III 108 W 125th Terrace Address: Kansas City MO 64145	□Chairman □Vice Chairman □Director	Andrew T Huber Address: 406 W 70th Street Kansas City MO 64113				
□President		□President					
□Vice President		□Vice President					
□ Secretary	□Treasurer	■ Secretary	□Treasurer				
Other		□Other	Other				
Director	Name: Mary Keitel Address: 16128 W 80th Street Lenexa KS 66219	□Chairman □Vice Chairman □Director	Name:				
□President		□President					
□Vice President		□Vice President					
☐ Secretary	■ Treasurer	☐ Secretary	☐ Treasurer				
Other	Other	□Other					
Important Noticer 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. 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 begin are true and then here							

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. Ph.llip W. Trans

(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

A. L. HUBER, INC. 00111124

was created under the laws of this State on the 18th day of December, 1963, 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 14th day of April, 2023.

pecietally of State

Certification Number: CERT-04142023-0101

