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TALLHOASSTATE

COVER LETTER

_	ion of Corporations					
SUBJECT:	LET, Inc.					
Name of corporation - must include suffix						
Dear Sir or M	ladam:					
"Certificate o	"Application by Foreign Co f Existence," or "Certificate iced foreign corporation to tr	of Good Stand	uthorization to Transact Business in Florida," ing" and check are submitted to register the in Florida.			
Please return	all correspondence concernia	ng this matter t	o the following:			
Augustin G. S	immons, Esq.					
		Name of P	erson			
Simmons & C	ook, PLLC					
		Firm/Comp	any			
2080 McGreg	or Blvd., Suite 101					
		Addres	S			
Fort Myers, F	L 33901					
		City/State an	d Zip code			
GUS@LAWS						
	E-mail address	: (to be used fo	r future annual report notification)			
For further in	formation concerning this m	atter, please ca	II:			
Augustin G. S	immons	239 at (204-9376			
Nam	ne of Person	Area Code	Daytime Telephone Number			
Regi Divis The (2415	EET/COURIER ADDRES stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	check for the following amount of the characters	EPARTMENT (g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy Certified Copy 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.

	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp."))," "CON	MPANY," "CORPORATION,	,,
LET FL, INC.	orp, the, Co, or Corp.)			
(If name unavaila	ible in Florida, enter alternate corporate name	e adoptec	for the purpose of transacting	business in Florida)
MISSOURI		43-1201459		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		licable)
04/10/1978	5	5 .		
(Date	of incorporation)	· 	(Date of duration, if other th	nan perpetual)
01/01/2024				
·	(Date first transacted business			
11220 Dales Dd	(SEE SECTIONS 607.1501 & 607.	1502, F.S	s., to determine penalty habilit	y)
	Platte City, MO 64079 (Principal of	ffice stre	et address)	
11220 Baker Rd	Platte City, MO 64079	nice stre	et address)	202 !
	<u> </u>	ling addre	ess, if different)	<u> </u>
		8	,	EB 2
8. Name and stree	et address of Florida registered agent: (P	O. Box	NOT acceptable)	6
	Simmons & Cook, PLLC			ς. Έ
Name:				
Office Address:	2080 McGregor Blvd., Suite 101			် ့ ယ်
	Fort Myers	_	Florida 33901	
	(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)

Animatin Simmont Fra. 0/B/D Simmont & Cook, PLLC

Animation Simmons Erg. 0/B/o Simmons & Cook, PLLC

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	Troy D. Smith Name:	Chairman	Name: Cathy S. Smith		
□Vice Chairman	Address: 4685 West 124th Place	□Vice Chairman	Address: 4685 West 124th Place		
□Director	Leawood, KS 66209	□Director	Leawood, KS 66209		
President	Troy Of mills	President			
Vice President	- Marine Marine	⊠ Vice President			
□Secretary	Y □Treasurer	Secretary Cath	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: 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 herein are true and that he of					
she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in					

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.

TROY SMITH, PRESIDENT

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

LET, INC. 00199785

was created under the laws of this State on the 10th day of April, 1978, 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 February, 2024.

Secretary of Stale

Certification Number: CERT-02142024-0121

