F24000005015

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<u> </u>
(Business Entity Name)
(Document Number)
0.41.40.1
Certified Copies Certificates of Status
Special Instructions to Filing Officer
- Charles and the same of the
W24000122337

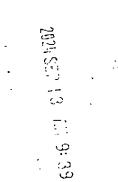
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RECEIVED AUG 26 2024



SEP 1 9 2024 < Srumbley



Filing Cover Sheet

o: Florida Division of Corporations	
rom: LESLIE SELLERS C/O Capitol Services, Inc.	
Date: 9/19/2024	
rans#: 1495131	
Entity Name: MTI BOATS, INC.	
Articles of Organization ()	Amendment ()
Articles of Dissolution ()	Annual Report ()
Conversion ()	Fictitious Name ()
Foreign Qualification (XXX)	Limited Liability ()
Limited Partnership ()	Merger ()
Reinstatement ()	Withdrawal / Cancellation ()
Other ()	Partnership Registration ()
STATE FEES PREPAID WITH CLIE	NT PAYMENT - REJECTION LETTER /
ATTACHED (424A00019325)	2024 ALL
	2024 SEP 20 Alii Amass.
PLEASE RETURN:	· ·
Certified Copy (XXX) Plain Stamped C	Copy ()
Good Standing () Certificate of Fac	ct ()
	00

Phone: 855-498-5500



August 28, 2024

CYNTHIA M DUNTZ 150 N RIVERSIDE PLAZA, STE 2700 CHICAGO, IL 60606 US

SUBJECT: MTI BOATS, INC. Ref. Number: W24000122337

We have received your document for MTI BOATS,INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Corey Pettway
Regulatory Specialist II

Letter Number: 424A00019325

Please honor briginal date of submission.

COVER LETTER

	stration Section sion of Corporations			
SUBJECT	MTI Boats, Inc.			
		rporation - mi	ist include suffix	
Dear Sir or l	Madam:			
"Certificate	d "Application by Foreign Corpora of Existence," or "Certificate of G need foreign corporation to transa	ood Standing	' and check are submi	Business in Florida," tted to register the
Please return	all correspondence concerning th	is matter to th	e following:	
Catherine Hu	nter			
·		Name of Perso	on	
Polsinelli, PO				
	F	irm/Company	,	
150 N Rivers	ide Plaza Suite 3000			
		Address		
Chicago, IL	50606			
-	Cit	y/State and Z	ip code	<u> </u>
chunter@pol				
	E-mail address: (to	be used for fu	ture annual report not	ification)
For further i	nformation concerning this matter	, please call:		
Lynn Phelps	at (636 6	39-1166	
Na		\rea Code	Daytime Telepho	ne Number
Reg Div The 241	REET/COURIER ADDRESS: istration Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303		MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	ction porations
	a check for the following amount: check payable to: FLORIDA DEPAI iling Fee S78.75 Filing Fe Certificate of Sta	RTMENT OF B & S78	STATE 8.75 Filing Fee & ratified Copy	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.

l. MTI Boats, Inc.			
(Enter name of co	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	
(If name unavails	ible in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting bu	isiness in Florida)
2. Delaware		2	
(State or country	y under the law of which it is incorporated)	3. (FEI number, if applications)	able)
. 7/8/2024			
4. (Date	of incorporation)	5. (Date of duration, if other than	perpetual)
6.			
o	(Date first transacted busines (SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
7 165 Enterprise Dr	ive. Wentzville, MO 63385		
/·	(Principal o	office street address)	
	(Current ma	iling address, if different)	
			16248
8. Name and stree	at address of Florida registered agent: (I	P.O. Box NOT acceptable)	
Name:	Randolph M. Scism		(a)
Office Address:	16385 Biscyne Blvd.		9.
J	North Miami Beach	, Florida 33160 (Zip code)	
	(City)	(Zip codc)	
designated in this further agree to c and I am familiar	ed as registered agent and to accept se application, I hereby accept the appoin omply with the provisions of all statute with and accept the obligations of my signed by: Signed by: Sush Sus		o act in this capacity. I
further agree to c and I am familiar	omply with the provisions of all statute with and accept the obligations of my signed by: Randoph M. Susm	es relative to the proper and complete pe position as registered agent.	erformance of my _

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.

Docusign Envelope ID: 1DC622E0-AC7F-4FAA-9AF8-63CF9ED3E866

A. DIRECTORS □Chairman	Name: Randolph M. Scism	□ Chairman	Name:	
	Address:	• UVice Chairman	Address: 165 Enterprise Drive Wentzville, MO 63385	
Director	Wentzville, MO 63385	Director		
■President		□President		
		■ Vice President		
Secretary	□Treasurer	☐ Secretary	□Treasurer	
Other	□Other	Other	Other	
□Chairman	Name: Cherell Scism	□ Chairman	Name:	
□Vice Chainnan	Address:	□Vice Chairman	Address:	
Director	Wentzville, MO 63385	Director	Wentzville, MO 63385	
□President		□President		
□Vice President		□Vice President		
■ Secretary	■Treasurer	☐ Secretary	□Treasurer	
□Other	Other	Other	Other	
	Name:		Shaun Peters Name:	
Chairman	Name:165 Enterprise Drive	□ Chairman	165 Enterprise Drive	
□Vice Chairman	Address:	□Vice Chairman	Wentzville, MO 63385	
Director		Director		
□President		□ President		
□ Vice President		□ Vice President	□Treasurer	
Secretary	□Treasurer □Other	□Secretary □Other		
□Other		Gother		
	Use an attachment to report more than six (6). The valded to the index when filing your Florida Dep			
12. Lynn	at 1.			
957€731.	Signature of Dire	ctor or Officer		
The officer or dire she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in nalse information submitted in a document to the E	umber 11 above) affirms the department of State constitution	nat the facts stated herein are true and that he of utes a third degree felony as provided for in	
	s. Director			

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MTI BOATS, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MTI BOATS, INC."

WAS INCORPORATED ON THE EIGHTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204391302

Date: 09-13-24