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(Requestor's Name)
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(.c., sos)
(Address)
(City/State/Zip/Phone #)
(2.1.). 2.1.1.1.2.1,
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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01/24/11--01045--001 **125.00

2011 JAN 24 PH 3: 52

J. SAULSBERRY EXAMINER JAN 25 2011

COVER LETTER

	of Corporations				
SUBJECT:	learWest Capital, LLC				
	Name of Limited Liability Com	pany .			
Existence, and ch	plication by Foreign Limited Liability Company for Authorizates are submitted to register the above referenced foreign limit or or respondence concerning this matter to the following:				
-	Sharon Stiles Name of Person				
	Lewis, Rice & Fingersh, LC				
Firm/Company					
1010 Walnut, Suite 500 Address				2011	
Kansas City, Missouri 64106				JAN 24	
City/State and Zip Code					
_	skstiles@lrf-kc.com E-mail address: (to be used for future annual to	report notification)	95	PM 3: 52	السنا
For further inform	nation concerning this matter, please call:	,		52	
Share	on Stiles at (816 Name of Person Area Code & Daytime) 421-2500 Telephone Number			
Division Registrat P.O. Box	IG ADDRESS: of Corporations ion Section 6327 cee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	rcle			
Enclosed is a c	heck for the following amount: Filing Fee \$\int \frac{\$130.00 \text{ Filing Fee & Certified Copy}}{\text{Certified Copy}}\$: & \$160.00 Filing Fee, of Status & Certific		ite	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ClearWest Capital, LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C	.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and consent of the managers or managing members adopting the alternate name. The alternate name must inc Company," "L.L.C," "LLC.")		
2. Missouri (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if application under the law of which foreign limited liability company is organized)	ble)	
4. 12/28/2005 5. Perpetual		
4. 12/28/2005 5. Perpetual (Duration: Year limited liability con exist or "perpetual")	pany will cease	to
6		
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	Ä.	2
7. 49 N.E. Shoreview Drive, Lee's Summit, Missouri 64064		=
	また こうこう こうこう こうこう こうこう こうこう こうこう こうこう こう	T NAU 2
(Street Address of Principal Office)	<u>88</u> €	← 1.
8. If limited liability company is a manager-managed company, check here 🕱	S FILS	⊋ [
9. The name and usual business addresses of the managing members or managers are as	follows	3: 52
Stephen E. Westhead, 49 N.E. Shoreview Drive, Lee's Summit, Miss	ouri 64064	
		
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official 1 the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a translation of the certificate under eath of the translator must be submitted.)		
11. Nature of business or purposes to be conducted or promoted in Florida: Finance	the	
acquisition of construction and lease equipment		··············
Signature of a member or an authorized representative of a memb	– er.	
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmat		
penalties of perjury that the facts stated herein are true. I am aware that any false information state document to the Department of State constitutes a third degree felony as provided for in		
Stephen E. Westhead, Manager	_	
Typed or printed name of signee		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited L	iability Comp	any is:			
ClearWest Capital	LLC				
If unavailable, the alternate to	be used in the	e state of Florida is:			
2. The name and the Florida s	treet address	of the registered agent and office are:	TALLA	2011 J	points and the same of the sam
	ст	Corporation System	AS S	JAN 2	- 1.1E
	TSE O	24 F	1) [1]		
1200 South Pine Island Road				PH 3:	
Florida Street Address (P.O. Box NOT ACCEPTABLE)				: 52	
F	lantation	FL ³³³²⁴			
		City/State/Zip			
liability company at the place d agent and agree to act in this co relating to the proper and comp obligations of my position as re	esignated in th pacity. I furti lete performa gistered agent	o accept service of process for the above his certificate, I hereby accept the appoin her agree to comply with the provisions on hee of my duties, and I am familiar with has provided for in Chapter 608, Florida	ntment as of all stat and acce	regist tutes ept the	ered
By: Untring System	n ; ≃~	····			
(Signature) Katherine Lackey, Asst.					
	\$ 100.00	Filing Fee for Application			
	\$ 25.00	Designation of Registered Agent			

\$ 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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onsen	ne unavailable, enter alternate name adopted for the part of the managers or managing members adopting the any," "L.L.C," "LLC.")			
(Juri	Missour1 isdiction under the law of which foreign limited liable pany is organized)	3. lity	(FEI number, if applicable)	
·	12/28/2005 (Date of Organization)	5.	Perpetual (Duration: Year limited liability company will exist or "perpetual")	cease to
·	(Date first transacted business	in Florid	da, if prior to registration.)	
	(See sections 608.501 & 608.502	z r.S. to	determine penalty liability)	LEAR.
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			Principal Office)	E S
	imited liability company is a manager-mana e name and usual business addresses of the r		_	SRIP SRIP SRIP SRIP SRIP SRIP SRIP SRIP
	Stephen E. Westhead, 49 N.E. Shorey			
cjuris	ached is an original certificate of existence, no more than diction under the law of which it is organized. (A photo	ocopy is	not acceptable. If the certificate is in a foreign lan	
	on of the certificate under oath of the translator must be ature of business or purposes to be conducte		•	
	equisition of construction and leas			
	Signature of a member or ar	autho	orized representative of a member.	
	(In accordance with section 608.408(3), F.S., the penalties of perjury that the facts stated herein a	executio re true. I	n of this document constitutes an affirmation under the amaware that any false information submitted hird degree felony as provided for in s.817.155,	in a
	Stephen E. Westhead.	Mana	iger	

Typed or printed name of signee

L857 - 10/05/2010 C T System Online

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ClearWest Capital,	LLC				_
If unavailable, the alternate to l	oe used in the	state of Florida is:			
2. The name and the Florida street address of the registered agent and office are:					-
	СТ	Corporation System	ASS	2011 JAN 24	F
	· Fr Att	(Name)			1,
. 1200 South Pine Island Road				P H 3:	E
Florida Street Address (P.O. Box NOT ACCEPTABLE)				52	
Pl	antation	FI. 33324			
		City/State/Zip			
liability company at the place de agent and agree to act in this cap relating to the proper and comple obligations of my position as reg C T Corporation System By:	signated in the pacity. I furth ete performan	accept service of process for the above is certificate, I hereby accept the appoint er agree to comply with the provisions of the office of my duties, and I am familiar with a as provided for in Chapter 608, Florida is	tment as i f all statu and accep	registe ıtes	red
(Signature) Katherine Lackey, Asst.	Secy.				
	\$ 100.00	Filing Fee for Application			
	\$ 25.00	Designation of Registered Agent			

Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

\$ 5.00

STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

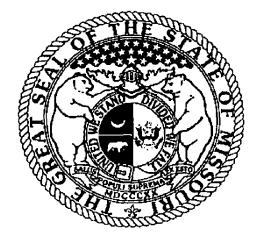
I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

CLEARWEST CAPITAL, LLC LC0705753

was created under the laws of this State on the 28th day of December, 2005, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 21st day of January, 2011

Secretary of State



Certification Number: 13486822-1 Reference:

Verify this certificate online at https://www.sos.mo.gov/businessentity/soskb/verify.asp

Logout

Missouri Secretary of State, Robin Carnahan

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Search ⊕By Business Name Date: 1/21/2011 OBy Charter Number By Registered Agent For New Corporations **Document Verification Process** Verify Verify Certification Registration Report Enter the Certification Number from the bottom of the File Online **Document** File Fictitious Name Registration File Online Verify Renew Online File LLC Registration [©]File Online Online Orders ©Register for Online Orders Order Good Standing Order Certified Documents Certificate Number 13486822-1, Certified Good Shopping Cart Standing, was ordered on 1/21/2011 for ClearWest Check My Orders Capital, LLC. Maintain My Profile [©]Manage My Reps Security Policy Privacy Policy

> 600 West Main Street Jefferson City, MO 65101

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