

Division of Corporations Electronic Filing Cover Sheet

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Foreign Limited Liability Company C4 Connections, LLC

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G. MCLEOD

JAN 28 2011

EXAMINER

COVER LETTER

	istration Section ision of Corporations			
SUBJECT:	C4 Connections, LLC			
	N	ame of Limited Liability Company		
The enclosed Existence, an	"Application by Foreign Limited Li- d check are submitted to register the	ability Company for Authorization to Transact Business in Florida,* Certificate of above referenced foreign limited liability company to transact business in Florida		
Please return	all correspondence concerning this r	matter to the following:		
	Kevin Feeney			
		Name of Person		
	C4 Connections, LLC			
	Firm/Company			
	12444 Powerscourt Drive			
٠		Address		
	Sc Louis, MO 63131	,		
		City/State and Zip Code		
	kfeency@c4connections.com			
	E-mail address:	(to be used for future annual report notification)		
For further in	formation concerning this matter, plu	rase coll:		
Rob	Schwietz	et (314) 821-2500 Area Code & Daytime Telephone Number		
	Name of Person	Area Code & Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Taliahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is	s a check for the following amo 5.00 Filing Fee \$130,00 Filing Certificate of S	Fee & 17\$155.00 Filing Fee & 17\$160.00 Filing Fee, Certificate		

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

C4 Connections, 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 attach consent of the managers or managing members adopting the afternate name. The afternate name must include "Company," "L.L.C." "LLC.")	a copy of the Limited Liabi	written	
2. Delaware 3. 20-0031088			
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	-	-	
4. May 20, 2003 5. perpetual		_	
(Date of Organization) (Duration: Year limited liability company exist or "perpetual")	will cease to	_	
6. January, 2009			
(Date first transacted business in Florida, if prior to registration.) (See sections 608.301 & 608.502 F.S. to determine penalty liability)		-	
7 540 NW University Blvd, Ste 202	26		
Port St. Lucie, FL 34986	7- à	JMN 27	
(Street Address of Principal Office)	- S	-2	,, ["]
8. If limited liability company is a manager-managed company, check here 🗵		=	; [**
9. The name and usual business addresses of the managing members or managers are as follows:	ows:	⊕	, ,
Kent D. Kalkwarf and Robert Schwietz	9 m	-	
12444 Powerscourt Drive		-	
St. Louis, MO 63131			
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign translation of the certificate under eath of the translator must be submitted.)	g custody of re yn language, a	cords in	
11. Nature of business or purposes to be conducted or promoted in Florida:		-	
Sales		•	
Signature of a member or an authorized representative of a member.			
(In accordance with section 608.408(3). F.S., the execution of this document constitutes an affirmation of penalties of perjury that the facts stated herein are true. I am aware that any false information submidecument to the Department of State constitutes a third degree felony as provided for in s.817 Kevin Peaney. Authorized Representative	ilated in a		
Typed or printed name of signee			
egg en			

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 Liability Company is:				
C4 Connect	cions, LLC				
If unavailable, the alternate to be used in the state of Florida is:					
2. The name and	i the Florida street address of the registered agent and office are:				
	C T Corporation System				
	(Name)				
	1200 South Pine Island Road				
•	Florida Street Address (P.O. Box <u>NOT</u> ACCEPTABLE)				
	Plentation FL 33324				
•	City/State/Zip				
liability company agent and agree t relating to the pro obligations of my	ned as registered agent and to accept service of process for the above stated limited at the place designated in this certificate. I hereby accept the appointment as registere to act in this capacity. I further agree to comply with the provisions of all statutes oper and complete performance of my duties, and I am familiar with and accept the position as registered agent as provided for in Chapter 608, Florida Statutes.				
By: Vally 14	rporation System				
7017-1-07-6	(Signature) ackey, Asst. Secy.				
•	\$ 100.00 Filing Fee for Application				
	\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)				
	\$ 5.00 Certificate of Status (optional)				

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "C4 CONNECTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2011.

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

3660721

DATE: 01-26-11