

M12000003411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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15 JUL 21 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 22 2015

J SHIVERS

DESIMONE PEARSON, LC

*Attorneys at Law*

David J. DeSimone  
djd@dpkclaw.com

4324 Belleview, Suite 100  
Kansas City, Missouri 64111  
816.753.2823 • Fax 816.753.2924

July 14, 2015

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: SUP ATX, LLC

Dear Sir or Madam:

Enclosed please find an Application to File Amendment to Certificate of Authority of SUP ATX, LLC, which is being filed with your office to reflect the company's new state of domicile (Delaware). Also enclosed are certified copies of the Delaware Certificate of Conversion and Certificate of Formation dated June 1, 2015, and a \$30.00 check for the filing fee. Please let me know if you need any additional information from our office. Thank you.

Very truly yours,

DESIMONE PEARSON, LC

By:

  
David J. DeSimone

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUP ATX, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David J. DeSimone

Name of Person

DeSimone Pearson, LC

Firm/Company

4324 Belleview Ave., Suite 100

Address

Kansas City, MO 64111

City/State and Zip Code

djd@dpkclaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David DeSimone

Name of Person

at ( 816 ) 753-2823

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: SUP ATX, LLC

2. The Florida document number of this limited liability company is: M12000003411

3. Jurisdiction of its organization: Texas

4. Date authorized to do business in Florida: 06/15/2012

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "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 a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
*Enter Florida Street Address*

\_\_\_\_\_, **Florida**  
*City Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
*If Changing Registered Agent, Signature of New Registered Agent*

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Delaware

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|------------------------|-------------|----------------|---------------------------------|
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |
| _____                  | _____       | _____          | <input type="checkbox"/> Add    |
| _____                  | _____       | _____          | <input type="checkbox"/> Remove |

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TALLAHASSEE, FLORIDA

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Eric W. Fangmann  
Eric W. Fangmann (Jul 23, 2015)

Signature of the authorized representative

Eric Fangmann

Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

PAGE 1

*The First State*

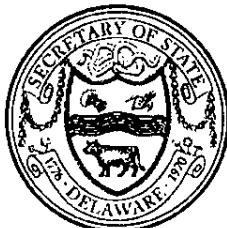
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A TEXAS LIMITED LIABILITY COMPANY UNDER THE NAME OF "SUP ATX, LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF MAY, A.D. 2015, AT 7:18 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF CONVERSION IS THE FIRST DAY OF JUNE, A.D. 2015, AT 12:01 O'CLOCK A.M.

FILED  
15 JUL 21 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5755918 8100V

150815351



You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2425376

DATE: 06-01-15

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 07:33 PM 05/28/2015  
FILED 07:18 PM 05/28/2015  
SRV 150815351 - 5755918 FILE

STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO  
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO  
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is Texas.
- 2.) The jurisdiction immediately prior to filing this Certificate is Texas.
- 3.) The date the Non-Delaware Limited Liability Company first formed is September 4, 2009.
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is SUP ATX, LLC.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is SUP ATX, LLC.
- 6.) This Certificate and the Certificate of Formation shall be effective on June 1, 2015 at 12:01 a.m.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
27th day of May, A.D. 2015.

By:   
Authorized Person

Name: Eric Fangmann  
Print or Type

# Delaware

PAGE 2

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF CERTIFICATE OF FORMATION OF "SUP ATX, LLC" FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF MAY, A.D. 2015, AT 7:18 O'CLOCK P.M.

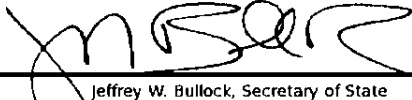
AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF FORMATION IS THE FIRST DAY OF JUNE, A.D. 2015, AT 12:01 O'CLOCK A.M.



5755918 8100V

150815351

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2425376

DATE: 06-01-15



State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 07:33 PM 05/28/2015  
FILED 07:18 PM 05/28/2015  
SRV 150815351 - 5755918 FILE

STATE of DELAWARE  
LIMITED LIABILITY COMPANY  
CERTIFICATE of FORMATION

- **First:** The name of the limited liability company is SUP ATX, LLC
- **Second:** The address of its registered office in the State of Delaware is 1209 Orange Street in the City of Wilmington  
Zip Code 19801  
The name of its Registered agent at such address is The Corporation Trust Company
- **Third:** (Insert any other matters the members determine to include herein.)

This Certificate shall be effective, and the limited liability company shall be formed, on June 1, 2015 at 12:01 a.m.

In Witness Whereof, the undersigned have executed this Certificate of Formation this  
27th day of May, 2015.

By:   
Authorized Person(s)

Name: Eric Fangmann  
Typed or Printed