#11/2000005964

(Requestor's Name)			
•			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





400240477934

10/23/12--01016--014 **125.00

PILED AHII: 46
2 OCT 23 AHII: 46
EUNETAN OF STATE
ATTAMASSEE FLORIDA

K.SALY EXAMINER OCT 2 4 2012

COVER LETTER

TO:	Registration Section Division of Corporat	ions		
SUBJI	ECT:	SOLUTIONS Nam	AEC, LLC e of Limited Liability Company	y
				to Transact Business in Florida," Certificate of liability company to transact business in Florida
Please	return all corresponder	ce concerning this mat	ter to the following:	
		BRETT LZ	<i>UC</i> Name of Person	
		SOLUTIONS	AEC LLC Firm/Company	
		600 S. A	Address	Sume /
			S. 40. 63/33 City/State and Zip Code	
		E-mail address: (to	lutions - acc. co be used for future annual repo	nt notification)
For fur	ther information conce	rning this matter, please	e call:	
	BREST	KPUB me of Person	at (<u>3/4</u>) Area Code & Daytime Tele	911.1299 ephone Number
	MAILING ADDRE Division of Corporat Registration Section P.O. Box 6327 Tallahassee, FL 3231	ions	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	,
	sed is a check for the \$125.00 Filing Fee	ne following amoun \$\int\square\squa	& \$\Bigcap\$155.00 Filing Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Copy

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:
(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 a copy of the written
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. MISSOUR! (Jurisdiction under the law of which foreign limited liability) 3. 20-1509170 (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. SEPTEMBER 8, 2004 5. PERPETUAL (Duration: Year limited liability company will cease to
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 600 S. HOLMES AVELUE, SUITE!
Sr. Louis, Ho. 63/22 (Street Address of Principal Office)
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:
BRETT KRUG (MGRM) 600 S. HOLMES AVE, STE. 1
ST. LOUIS, MO 63122
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
CONSULTING ENGINEERING
anoto 1
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 under the
penalties of perjury that the facts stated herein are true. I am aware that any 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.)
MATT FORD
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 Liability Company is:
SOLUTIONS AEC, LLC.
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
NRAI SERVICES, INC.
5/5 EAST PARK AVENUE Florida Street Address (P.O. Box NOT ACCEPTABLE)
TALLAHASEE, FL 32301
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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 608, Florida Statutes. NRAL SERVICES, INC. Jessica Metzger, Assistant Secretary \$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

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

SOLUTIONS AEC, LLC LC0609889

was created under the laws of this State on the 8th day of September, 2004, 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 17th day of October, 2012

Polin Camalan

Secretary of State



Certification Number: 14989297-1 Reference:

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