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TALLAHASSEE, FLORIDA

J. Silvers SEP 06 2013

647



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2013

JIM PATTERSON
3401 COLLEGE BLVD SUITE 230
LEAWOOD, KS 66211

SUBJECT: PENINSULA DISTRIBUTION GROUP, LLC
Ref. Number: W13000045864

We have received your document for PENINSULA DISTRIBUTION GROUP, LLC and your check(s) totaling \$155.00. 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 the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 413A00019666

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PENINSULA DISTRIBUTION GROUP, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JIM PATTERSON

Name of Person

PENINSULA DISTRUTION GROUP, LLC

Firm/Company

3401 COLLEGE BLVD, SUITE 230

Address

LEAWOOD, KS 66211

City/State and Zip Code

jpatterson@penpoly.com

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

For further information concerning this matter, please call:

JIM PATTERSON

Name of Person

at (913) 647-8195

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

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Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☒

\$155.00 Filing Fee &
Certified Copy

☐

\$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

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

1. PENINSULA DISTRIBUTION GROUP, 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 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. MISSOURI

(Jurisdiction under the law of which foreign limited liability
company is organized)

3. 45-4731905

(FEI number, if applicable)

4. 4/30/2012

(Date of Organization)

5. PERPETUAL

(Duration: Year limited liability company will cease to
exist or "perpetual")

6. 5/1/2012

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 434 NW 1ST AVE, UNIT 403

FT. LAUDERDALE, FL 33301

(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:

KENNETH J MORAN, 3401 COLLEGE BLVD, SUITE 230, LEAWOOD, KS 66211

OBISPO, INC. 3401 COLLEGE BLVD, SUITE 230, LEAWOOD, KS 66211

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TALLAHASSEE, FLORIDA

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: CHEMICAL SALES - POLYMER



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.)

KENNETH J MORAN

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:

PENINSULA DISTRIBUTION GROUP, 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.

(Name)

1200 SOUTH PINE ISLAND ROAD

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

PLANTATION

FL 33324

City/State/Zip

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 TALLAHASSEE, FLORIDA

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.

NRAI Services, Inc.

By: Lezlee Brown, Lezlee Brown, Assistant Secretary

(Signature)

\$ 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



Jason Kander
Secretary of State

**CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING**

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

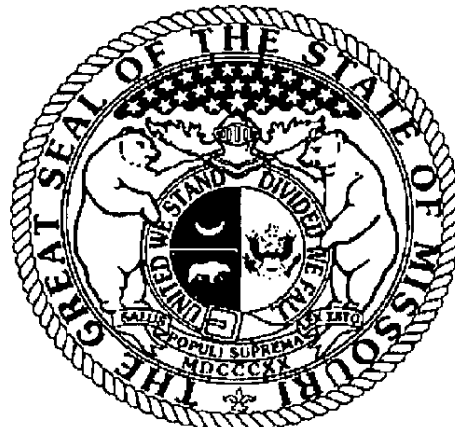
**PENINSULA DISTRIBUTION GROUP, LLC
LC1210740**

was created under the laws of this State on the 8th day of March, 2012, 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 2nd day of August, 2013

A handwritten signature of Jason Kander in dark ink.

Secretary of State



13 SEP -5 AM '13
SECRETARY OF STATE
JALAHASSEE, FLORIDA