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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

XiNamics, 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:

M	ich	ael	.1.	De	Ar	'mı	on
EVI	ıvı		υ.		71		91

Name of Person

XiNamics, LLC

Firm/Company

P.O. Box 10327

Address

Springfield, MO 65808

City/State and Zip Code

mdearmon@nnlaw.com

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

For further information concerning this matter, please call:

#### Michael J. DeArmon

.417 、

882-9090

Name of Person

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

Enclosed is a check for the following amount:

■ \$125.00 Flling Fec

☐ \$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 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: XiNamics, 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.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) August 12, 2013 (Duration: Year limited liability company will cease to exist or "perpetual") N/A (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 3539 Apalachee Parkway #377 Tallahassee, FL 32311 (Street Address of Principal Otlice) 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: John Glen Connell 3539 Apalachee Parkway #377 Tallahassee, FL 32311 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 outh of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida:

Signature of a member or an authorized representative of a member.

Distribution and sales of consumer cleaning and home-related products

(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.)

John Glen Connell

Typed or printed name of signee

**Tallahassee** 

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDATHE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLL STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED.	OWING
STATE OF FLORIDA.	<u> </u>
The name of the Limited Liability Company is:  XiNamics, LLC	SEP 30 P
If unavailable, the alternate to be used in the state of Florida is:	H 4: 28
2. The name and the Florida street address of the registered agent and office are:	<i>y</i>
John Glen Connell	
(Name)	
9884 Alice Connell Lane	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	<del></del>

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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

S 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "XINAMICS, 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 TWENTIETH DAY OF AUGUST, A.D. 2013.

5381987 8300

131003131

AUTHENTICATION: 0677765

DATE: 08-20-13

You may verify this certificate online at corp.delaware.gov/authver.shtml