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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

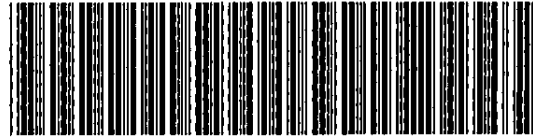
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 24 PM 4:31

JUN 24 2014
J. HARRIS

200205-0000

LATHROP & GAGE^{LLP}

HARLON D. KEEL
DIRECT LINE: 314.613.2815
EMAIL: HKEEL@LATHROPGAGE.COM
WWW.LATHROPGAGE.COM

PIERRE LACLEDE CENTER
7701 FORSYTH BOULEVARD, SUITE 500
CLAYTON, MISSOURI 63105
PHONE: 314.613.2800
FAX: 314.613.2801

June 2, 2014

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

Re: Application for Authorization to Transact Business

Dear Sir/Madam:

Enclosed is the Application for Authorization to Transact Business on behalf of Lever1, LLC a Missouri limited liability company for filing. I am also enclosing a Certificate of Good Standing issued by the Missouri Secretary of State and the \$155.00 filing fee.

Please file the attached and provide me with evidence of the filing at your earliest convenience. A self-addressed envelope is enclosed for your convenience. Thank you for your assistance.

Very truly yours,

LATHROP & GAGE LLP

By: 

Harlon D. Keel
Paralegal

cc: Lisa Hansen, Esq.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lever1, 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:

Harlon D. Keel, Paralegal

Name of Person

Lathrop & Gage LLP

Firm/Company

7701 Forsyth Blvd., Suite 500

Address

St. Louis, Missouri 63105

City/State and Zip Code

hkeel@lathropgage.com

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

For further information concerning this matter, please call:

Harlon D. Keel, Paralegal

Name of Contact Person

at (314)

Area Code

613-2815

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 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2014

HARLON D KEEL
LATHROP & GAGE LLP
7701 FORSYTH BLVD, SUITE 500
CLAYTON, MO 63105

SUBJECT: LEVER1, LLC
Ref. Number: W14000036282

We have received your document for LEVER1, 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return 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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 514A00012629

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 24 PM 4:37

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Lever1, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Missouri

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

3. 45-4152888

(FEI number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 510 West 5th Street, Kansas City, Missouri 64105

(Street Address of Principal Office)

6. 510 West 5th Street, Kansas City, Missouri 64105

(Mailing Address)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 24 PM 4:32

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Erica Brune, 510 West 5th Street, Kansas City, Missouri 64105

Manager

Greg Gragg, 510 West 5th Street, Kansas City, Missouri 64105

Manager

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, 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.)

Harlon D. Keel, Paralegal

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Lever1, 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

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 605, Florida Statutes.

By: NRAI Services, Inc.

(Signature)

Shanna M. Lones, Asst. Secretary

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

FILED
STATE OF FLORIDA
DIVISION OF CORPORATION

14 JUN 24 PM 4:31

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

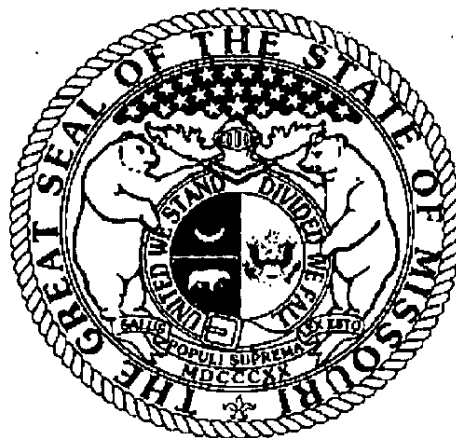
**LEVER1, LLC
LC1193441**

was created under the laws of this State on the 4th day of January, 2012, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and inprinted the GREAT SEAL of the State of Missouri, on this, the 30th day of May, 2014

A handwritten signature of Jason Kander in black ink.

Secretary of State



**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
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SECRETARY OF STATE
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Harlon D. Keel, Paralegal

Typed or printed name of signee

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(Signature)

Shanna M. Lonesse, Asst. Secretary

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\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
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SECRETARY OF STATE
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STATE OF MISSOURI



Jason Kander
Secretary of State

CORPORATION DIVISION
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A handwritten signature of Jason Kander in dark ink, written over a horizontal line.

Secretary of State

