M1500000000437

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

Office Use Only



000267696460

15 JAN 15 PH 1:51

JAN 17 DH LT

THE ELD 15 JAN IS AM 9: 56 SECRETARY OF STATE

JAN 2 O ZOIS T. HAMPTOR

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

1/15/15

NAME:

GRAEBEL/ST. LOUIS MOVERS, LLC

TYPE OF FILING: APPLICATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Graebel/St. Louis Movers, LLC					
	Name of Limited Liability Company					
The enc Existence	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," (ce, and check are submitted to register the above referenced foreign limited liability company to transact busine	Certificate of ss in Florida				
Please r	return all correspondence concerning this matter to the following:					
	John Bonnet					
Name of Person						
Stewart & Bonnet, LLP						
Firm/Company						
500 N. Akard, Suite 1830						
	Address					
Dallas, TX 75201						
City/State and Zip Code						
david.allen@graebelms.com						
	E-mail address: (to be used for future annual report notification)					
For furt	ther information concerning this matter, please call:					
	John Bonnet <u>at</u> 214 740-4260					
	Name of Contact 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					
Enclos	sed is a check for the following amount: \$\Bigcup \\$125.00 \text{ Filing Fee} \Bigcup \\$130.00 \text{ Filing Fee} \& \Bigcup \\$155.00 \text{ Filing Fee} \& \Bigcup \\$160.00 \text{ Filing Fee}, \text{ Certified Copy} \text{ of Status & Certified Copy}					

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

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

1. Graebel/St. Louis Movers, 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 "L.L.C,")
_{2.} Missouri _{3.}
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 15455 N. Dallas Pkwy., Suite 600 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Addison, TX 75001
(Street Address of Principal Office) 6. 15455 N. Dallas Pkwy., Suite 600
Addison, TX 75001
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Graebel Vanlines, LLC - Manager
805 Huntington Ct.
Southlake, TX 76092
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. 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.)
C. David Allen Jr.

Typed or printed name of signce

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:						
Graebel/St, Louis Movers, LLC						
If unavailable, the alternate to be used in the	state of Florida is:					
2. The name and the Florida street address of	f the registered age	ent and office are;				
Capitol Corporate Services, Inc. (Name)						
155 Office Plaza Dr. Ste A Florida Street Address (P.O. Box NOT ACCEPTABLE)						
Tallahassee	FL City/State/Zip	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 605, Florida Statutes.

Krista Ali, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

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

SECRETARY OF STATE

STATE OF MISSOURI



Jason Kander Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

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

Graebel/St. Louis Movers, LLC LC001431059

was created under the laws of this State on the 14th day of April, 1983, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 14th day of January, 2015.

Secretary of State

Certification Number: CERT-01142015-0025