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(Requestor's Name)						
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PICK-UP	MAIT WAIT	MAIL				
		<u> </u>				
(Bu	isiness Entity Nar	ne)				
(De	cument Number)					
(DC	cument Number)					
Certified Copies	Certificates	s of Status				
Special Instructions to	Filing Officer:					
Special Instructions to Filing Officer:						
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#### **COVER LETTER**

J <b>BJECT:</b>	Keefe Group, LLC						
bober	Name of Limited Liability Company						
					ansact Business in Florida," Ce y company to transact business		
ase return a	ill correspondence o	concerning this matter to th	e following:				
	Shawn M. Fusc	80					
		1	Name of Person				
	Centric Group,	LLC					
		]	Firm/Company				
	1260 Andes Bl	vd.					
			Address				
	St. Louis, MO	63132					
		City/	State and Zip Code				
	sfusco@centricg	roup.com					
		E-mail address: (to be us	ed for future annual	report not	tification)		
r further inf	ormation concernin	g this matter, please call:					
Shav	vn M. Fusco		314 at (	214-27	23		
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
Divis Regis P.O.	LING ADDRESS: tion of Corporations stration Section Box 6327 hassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301		
	check for the follow 25.00 Filing Fee	ring amount:  \$\Bigsim \frac{1}{3} \frac{1}{3} \frac{0}{0} \text{Filing Fee & Certificate of Status}	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate	

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2015

SHAWN M FUSCO CENTRIC GROUP, LLC 1260 ANDES BLVD ST LOUIS, MO 63132

SUBJECT: KEEFE GROUP, LLC Ref. Number: W15000066946

We have received your document for KEEFE GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 415A00021319

2015 OCT 16 PH 1: 07

## 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 RUSINESS IN THE STATE OF FLORIDA

	USINESS IN THE STATE OF FLORIDA:		
1. Keefe Group, LLC (Name of Fore	eign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter at Liability Company," "L.L.C,	iternate name adopted for the purpose of transaction or "LLC.")	cting business in Florida. The alternate n	ame must include "Limited
2. Missouri	3.	47-4965474	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicab	le)
4. October 1, 2015			
	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S.	da, if prior to registration.) to determine penalty liability)	_
5. 10880 Lin Page Pl.			,
St. Louis, MO 63132			_
6. 10880 Lin Page Pl.	(Street Address of Principal O	office)	<del></del>
St. Louis, MO 63132			<del></del>
51. Eouis, 140 03132	(Mailing Address)		7 22
7 Name and street address	s of Florida registered agent: (P.O. Box )	VOT accentable)	28 0CT
7. Name and succe address	CT Corporation System	101 acceptable)	
Name:			<b>多</b>
Office Address:	1200 South Pine Island Road		
	Plantation	, Florida 33324	<u> </u>
Registered agent's accept	(City)	(Zip code)	
designated in this applicat to complywith the provision	gistered agent and to accept service of protion, I hereby accept the appointment as rons of all statutes relative to the proper an my position as registered agent.  Kett	registered agent and agree to act in to ad complete performance of my duti nerine Lackey, Asst. Secretary	this capacity. I further agree
8. The name, title or capa Russell A. Willey, LLC M	city and address of the person(s) who has/l fanager	have authority to manage is/are:	
1260 Andes Blvd., St. Lou	uis, MO 63132	- I i i i i i i i i i i i i i i i i i i	
	of existence no more than 90 days Ald, due of which it is organized. (If the certificate is abmitted)  Signature of an author	s in a foreign language, a translation	
	in accordance with section 605.0203 (1) (to the Department of State constitutes a third		

Typed or printed name of signee

Shawn M. Fusco

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

Keefe Group, LLC LC0562111

was created under the laws of this State on the 13th day of January, 2004, 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 24th day of September, 2015.

Secretary of State

Certification Number: CERT-09242015-0012

