# M15000008464

(Requestor	s Name)			
(Address)				
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PICK-UP	WAIT MAIL			
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(Business E	Entity Name)			
(Document Number)				
Certified Copies Co	ertificates of Status			
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Special Instructions to Filing Officer:				
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## · COVER LETTER

TO:	Registration Section Division of Corporati	ons		
	3	SWR LLC		
SUBJ	ECT:	Name of	Limited Liability Company	
The en	sclosed "Application by F nce, and check are submit	Oreign Limited Liability Comp tted to register the above refer	pany for Authorization to Tra enced foreign limited liability	unsact Business in Florida," Certificate of v company to transact business in Florida.
Please	return all correspondence	e concerning this matter to the	following:	
	····	Anneke S	antaniello	
Name of Person				
Protit Plus				
Firm/Company				
8997 Commerce Dr Address				
			Address	
Desoto KS 66018  City/State and Zip Code				
·				
asantaniello@profitplus 4u.com				
		E-mail address: (to be use	d for future annual report not	infication)
For fur	rther information concern	ing this matter, please call:		
	Anneke	Santanillo e of Contact Person	at ( 913 ) 5 Area Code Day	83-8443 rtime Telephone Number
	MAILING ADDRES Division of Corporatio Registration Section P.O. Box 6327 Tallahassee, FL 32314	ons	Division Registrat Clifton B	CADDRESS: of Corporations ion Section suilding ecutive Center Circle
			Tallahass	see, FL 32301
Enclos	sed is a check for the follows: \$125.00 Filing Fee	owing amount:  \$\Bigsig \\$130.00 \text{ 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

October 19, 2015

ANNEKE SANTANIELLO 8997 COMMERCE DR DESOTO, KS 66018

SUBJECT: SWR LLC

Ref. Number: W15000069243

2015 OCT 20 PM 2: 11

We have received your document for SWR 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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L14000034191.

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: 815A00022069

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	•			
1. SWR LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")				
(Name of Foreign Limited Liability Company; must include "Limited Liability Company;" "L.IC.," or "LLC.")  Preced LLC	<u></u>			
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include Liability Company," "L.L.C," or "LLC.")	le "Limited			
2. Kays AS  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 47-4456147  (FEI number, if applicable)				
10-16-15				
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 603.0905, F.S. to determine penalty liability)				
s. 5224 Goodman Lane				
Overland Park KS 66202 (Street Address of Principal Office)				
6. 8991 Commerce Drive	PAL SE			
Desoto, KS 66018 (Mailing Address)				
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	20 SS			
land Days				
John Car Dr. Have	5º 2			
Office Address: 10102 S. Ucean Drive + 1074				
Jensen Bench, Florida 34957 (City) (Zip code)	p⊷			
Registered agent's acceptance: 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 application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.				
(Registered agent's signature)				
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Travis Steffan, Manager  5212 NW Valley Ville Rd				
Blue Springs, MO 64015				
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of ne jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate of the translator must be submitted)  Signature of an authorized person	scords in the ate under oath			
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false inform submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	nation			
Typed or printed name of signee				

### STATE OF KANSAS OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 8009029

Entity Name: SWR LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: SWR LLC

Registered Office: 5224 Goodman Lane, MISSION, KS 66202

was filed in this office on July 07, 2015, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business

activity or practices of this entity.

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of October 09, 2015

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 717206 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.