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## **COVER LETTER**

Registration Section

Div	ision of Corporation	15				
SUBJECT:	AZS Industries, LL	c				
	Name of Limited Liability Company					
					nsact Business in Florida." Certificate company to transact business in Florid	
Please return	all correspondence	concerning this matter to the	following:			
	Anita Burdge					
		Ni	ame of Person			
	AZS Industries	LLC				
	Firm/Company					
Address						
	Paola, KS 66071					
		City/S	tate and Zip Code	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	anita@splashtac	ular.com				
		E-mail address: (to be used	for future annual r	eport not	fication)	
For further in	nformation concerning	g this matter, please call:				
An	ita Burdge		800 at (	844-533	34	
-	Name (	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS:		STREET ADDRESS:			
Division of Corporations		Division of Corporations				
Registration Section P.O. Box 6327		Registration Section Clifton Building				
	iahassee, FL 32314			2661 Exe	cutive Center Circle ce, FL 32301	
Enclosed is	a check for the follow	ving amount:				
	\$125.00 Filing Fee	\$130,00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Certified Copy	Fee &	☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RI ISINESS. IN THE STATE OF FLORIDA.

	eign Limited Liability Company; must include	Limited Liability Company, L.L	.C., OF L	LC. J	
f name unavailable, enter a jability Company," "L.L.C.	Iternate name adopted for the purpose of transaction "or "LLC.")	cting business in Florida. The alter	alc name	must incl	ude "Limited
Kansas	3 46	5-4998714			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if ap)	olicable)		······································
upon reals	stra tina				
	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S.	da, if prior to registration.) to determine penalty liability)			
.102 W Kaskaskia St.,		,,			
Paola, KS 66071					
Fabia, K5 60071	(Street Address of Principal C	ffice)	· · · · · · · · · · · · · · · · · · ·		
102 W Kaskaskia St., S	<del>_</del>	,	·-	127	
Paola, KS 66071			7	Pari Titt	\$ 1.5 mm = 34
1 aoia, K5 60071	(Mailing Address)		51.17	<u> </u>	e 1
Name and street addres	ss of Florida registered agent: (P.O. Box )	NOT accentable)	(E) - (C) -	⟨>	L.
-	InCorp Services, Inc.	101 acceptable)	E 0	$\sigma$	[ . ] —
Name:			HO.7 71.S	ξż	
Office Address:	17888 67th Court North	,	ORIDA	(-J	
	Loxahatchee	, Florida 33470			
	(City)	(Zip c	ode)		
egistered agent's acces					iny at the pla
laving been named as re	gistered agent and to accept service of pr				
laving been named as re esignated in this applica	gistered agent and to accept service of pration, I hereby accept the appointment as t	registered agent and agree to a	ct in this	capacity	: I further a
laving been named as re esignated in this applica o complywith the provisi	gistered agent and to accept service of pr	registered agent and agree to a nd complete performance of m	ct in this y duties, o سبد	capacity and I an	: I further a
laving been named as re esignated in this applica o complywith the provisi	egistered agent and to accept service of protion, I hereby accept the appointment as tons of all statutes relative to the proper at my position as regisfered agent.	registered agent and agree to a nd complete performance of m AF of Theory Service	ct in this y duties, o سبد	capacity and I an	: I further a
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esignated in this applicate complywith the provision of the obligations of the obligations.  3. The name, title or cap	egistered agent and to accept service of protion, I hereby accept the appointment as it ons of all statutes relative to the proper at my gosifion as regisfered agent.  (Registered agent	registered agent and agree to a not complete performance of my Service 's signature' have authority to manage is/are	ci in this duties, o	capacity and I an	: I further a
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Typed or printed name of signee

Randall R, Reinhardt

## 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: 7697964

Entity Name: AZS INDUSTRIES, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

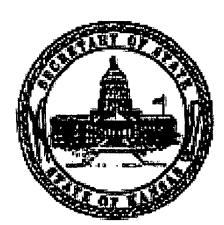
State of Organization: KS

Resident Agent: JOHN LARSON

Registered Office: 7225 Renner Blvd., SHAWNEE, KS 66217

was filed in this office on March 05, 2014, 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 September 29, 2015

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 713654 - To verify the validity of this certificate please visit <a href="https://www.kansas.gov/bess/flow/validate">https://www.kansas.gov/bess/flow/validate</a> and enter the certificate ID number.