

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

8506176383( 1/4 )

(((H15000289244 3)))



H150002892443ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)205-8842

Phone Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for further annual report mailings. Enter only one email address please \*\*

Email Address:

Email	Address:	CS <del>T</del>	QÇ
	•		_

Foreign Limited Liability Company ET H&E Fort Myers, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED

5 DEC -7 PM 4: 38

BERETARY OF STATE
ALLAHASSEE: FLORD/

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 0 8 2015 W. BRUCE

## COVER LETTER

UBJECT:	ET H&E Fort Myers, LLC									
·	Name of Limited Liability Company									
he enclosed xistence, ar	d "Application by Fo ad check are submitted	reign Limited Liability Com ed to register the above refer	pany for Authoriz renced foreign lim	ration to Tr nited liabili	ransact Busine ty company to	ss in Florida transact bu	a," Certif siness in			
ease return	all correspondence	concerning this matter to the	following:							
	Stephen Schott	:								
	,	, n	lame of Person		<del></del>		_			
	The Schott Lav	v Firm, LLC	•							
	· · · · · · · · · · · · · · · · · · ·		irm/Company							
	8027 Forsyth I	Ifvd,								
	Address									
	St. Louis, MO	63105					201			
	City/State and Zip Code									
	sschott@kpstl.co	om			•	\$ 55 \$ 55 \$ 55 \$ 55 \$ 55 \$ 55 \$ 55 \$ 55	1			
	- <u>-</u>	E-mail address: (to be use	d for future annu	il report no	tification)	CO.	— >			
or further in	formation concernin	g this matter, please call:				53	ço Ço			
Faith Pattrin			314 at (	480-15	500	Ĩ,				
<del></del>	Name o	of Contact Person	Area Code	Day	ytime Telepho	ne Number				
Divi Reg P.O.	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						
nclosed is a check for the following amount:  □ \$125.00 Filing Fee □ \$130.00 Filing Fee &  Certificate of Status			☐ \$155.00 Filing Fee & ☐ \$160.00 Filing of Status & Certific							

## 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 WABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ET H&B Fort Myers, 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 Fiorida. The alternate name must include "Limited Liability Company,""L.L.C," or "LLC.") 2 Missouri (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 8027 Forayth Blvd. St. Lauis, MO 63015 (Street Address of Principal Office) 8027 Forsyth Blvd. St. Louis, MO 63105 (Malling Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (Zip code) (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company of 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. Michele Miller (Ragistered of ASS Salidant Secretary 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: James G. Koman 8027 Forsyth Blvd. St. Louis, MO 63105 9. Attached is a 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, (if the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, 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.

James G. Koman

Typed or printed name of signee

Signature of an authorized person-





## Jason Kander Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

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

ET H&E Fort Mycrs, LLC LC001470192

was created under the laws of this State on the 2nd day of December, 2015, 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 4th day of December, 2015.

Secretary of State

Certification Number: CERT-12042015-0025