

M16000005864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

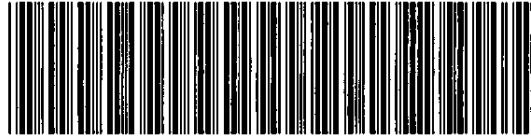
(Document Number)

Certified Copies _____

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16 JUL 21 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 22 2016

J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CUBED HOMES, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

JOE E. MCNEELY

Name of Person

SMALL BUSINESS SERVICES, LLC

Firm/Company

11 ENCHANTED FOREST DRIVE

Address

ARNOLD, MO 63010

City/State and Zip Code

gwensbsllc@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOE E. MCNEELY

314

541-1365

at (_____) _____

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 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

July 7, 2016

JOE E MCNEELY
SMALL BUSINESS SERVICES, LLC
11 ENCHANTED FOREST DRIVE
ARNOLD, MO 63010

SUBJECT: CUBED HOMES, LLC
Ref. Number: W16000047453

2016 JUL 21 PM 3:58
RECEIVED
TALLAHASSEE, FLORIDA

We have received your document for CUBED HOMES, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return 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: 116A00014265

FILED
16 JUL 21 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. CUBED HOMES, 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 "LLC.")

2. MISSOURI 3. 47-4174411
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

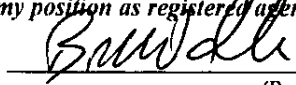
4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 101 MARKETSIDE AVE. SUITE 404-336
PONTE VEDRA, FL 32081
(Street Address of Principal Office)

6. 101 MARKSIDE AVE. SUITE 404-336
PONTE VEDRA, FL 32081
(Mailing Address)

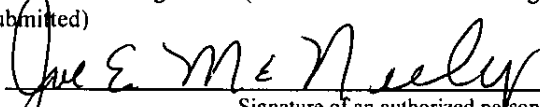
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: BRIAN WOERNDL
Office Address: 101 MARKETSIDE AVE. SUITE 404-336
PONTE VEDRA, Florida 32081
(City) (Zip code)

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 comply with 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:
BRIAN M. WOERNDL, OPERATING MEMBER AND REGISTERED AGENT
STEPHANIE L. WOERNDL, MANAGING MEMBER
101 MARKETSIDE AVE. SUITE 404-336 PONTE VEDRA, FL 32081

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)


Signature of an authorized person

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.

BRIAN WOERNDL
Typed or printed name of signee

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16 JUL 21 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF MISSOURI



Jason Kander
Secretary of State

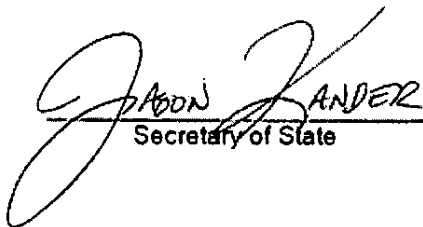
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

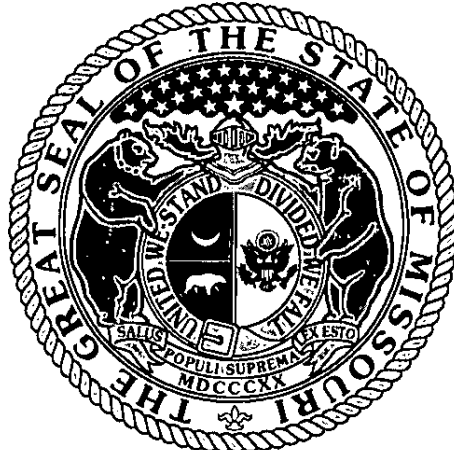
I, JASON KANDER, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Cubed Homes, LLC
LC001449506

was created under the laws of this State on the 3rd day of June, 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 18th day of July, 2016.


Secretary of State



Certification Number: CERT-07182016-0059