m1700001685

(Re	questor's Name)					
(Ad	ldress)					
(Ad	dress)					
(Cit	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAJL				
(Bu	ısiness Entity Nar	me)				
(Document Number)						
Certified Copies	_ Certificate:	s of Status				
Special Instructions to	Filing Officer:					
L. <u>.</u>						

Office Use Only



400296020974

02/28/17--01002--009 **130.00

FILED

FILED

S Warren FEB 2 8 2017

COVER LETTER

	gistration Section vision of Corporations							
e: SUBJECT:		, LLC ELEVATOR CONS	ULTING & INSI	PECTION	SERVICES			
Name of Limited Liability Company								
		gn Limited Liability Compa to register the above referen						
Please return	n all correspondence co	ncerning this matter to the f	ollowing:					
	CASEY D. CHA	STEEN						
	Name of Person							
LAW OFFICES OF RANDY L. SMITH, L.L.C.								
		Firm/Company						
	3645 S. CULPER	PPER CIRCLE						
		Address						
	SPRINGFIELD,	MISSOURI 65804						
	<u></u>	City/Sta	ate and Zip Code					
	alfred.davis3738@	gmail.com						
		E-mail address: (to be used	for future annual	report not	(fication)			
For further i	nformation concerning	this matter, please call:						
CA	ASEY D. CHASTEEN		417 at (841-277	75			
	Name of	Contact Person	Area Code	Day	time Telephone Number			
Div Re P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Ilahassee, FL 32314			Division of Registrati Clifton Bi 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301			
	a check for the followir \$125.00 Filing Fee	ng amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop			

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA SEARCHEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUNNESS IN THE SEARE OF FLORIDA:

B.	LLC ELEVATOR CONSULTI ign Limited Liability Company; m		NSPECTION SERVICES de "Limited Liability Company," "L.L.C.	" or "LLC.")				
(If name unavailable, enter alt Liability Company," "L.L C,"		se of tra	nsacting business in Florida. The alternate	name must include	*Limited			
2. MISSOURI	,	,	47-1798234					
(Jurisdiction under the law company is organized)	(Jurisdiction under the law of which foreign limited liability		(FEI number, if applie	(FEI number, if applicable)				
4	(Date first transacted business)	ness in F	lorida, if prior to registration.) F.S. to determine penalty liability)					
5. 1438 West Shelvin Ro	•	13.0903,	r.s. to determine penanty habitity)					
Nixa, Missouri 65714					**[]			
 -	(Street Address o	f Princip	al Office)	三字章 第	m det eden			
6. 1438 West Shelvin Roc	k Rd.			~ ~ ~ · · ·	1			
Nixa, Missouri 65714					M			
	(Mailin	g Addres	s)		O			
7. Name and street address	s of Florida registered agent: (P.O. Bo	x NOT acceptable)	STATE ORIGINAL	5			
Name:	InCorp Services, Inc.			A				
Office Address:	17888 67th Court North							
	Loxahatchee		, Florida 33470 (Zip code					
Registered agent's accep	(City)		(Zip code	!)				
designated in this applicate to complywith the provision	tion, I hereby accept the appoint on sof all statutes relative to the my position as registered agent	ntment e prope	For process for the above stated limited as registered agent and agree to act is and complete performance of my defends the Kathy Shin on behalf control is signature)	in this capacity. I j uties, and I am fan	further agree niliar with an			
8. The name, title or caps	city and address of the person(s) who	nas/have authority to manage is/are:					
ALFRED E. DAVIS, 143	8 West Shelvin Rock Rd., Nixe	a, Misso	uri 65714 Managing Member					
			· · · · · · · · · · · · · · · · · · ·					
	of which it is organized. (If the	certific	, duly authenticated by the official havate is in a foreign language, a translation					
	Signatu	re of an	authorized person					
This document is executed submitted in a document to	in accordance with section 605 the Department of State consti	5.0203 (itutes a t	(b), Florida Statutes. I am aware tha hird degree felony as provided for in s	nt any false informat .817.155, F.S.	tion			

Typed or printed name of signee

ALFRED E. DAVIS

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT. 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

The Davis Group, LLC Elevator Consulting & Inspection Services LC001418390

was created under the laws of this State on the 10th day of September, 2014, 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 23rd day of February, 2017.

Secretary of State

THE STREET OF TH

Certification Number: CERT-02232017-0064