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### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

April 3, 2017

ROBERT L CAULK 282 MEADOWBROOK COUNTRY CLUB ESTATE BALLWIN, MO 63011 US

SUBJECT: CAULK CORPORATE ADVISORY PARTNERS, LLC

Ref. Number: W17000028046

We have received your document for CAULK CORPORATE ADVISORY PARTNERS, 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles vmay include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

COMPUTED , 4/17/2017

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 314-378-696 (850) 245-6051. (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 617A00006347

ZOLLAPRZO AMII: 54

#### **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

SUBJECT:	CAULK	CORPORATE	Advisory	PARTNERS,	LL(	3		
Name of Limited Liability Company								
The enclosed "A Existence, and o	Application wheck are su	by Foreign Limit bmitted to registe	ed Liability Comper the above refer	pany for Authorizati enced foreign limite	ion to Tra ed liability	nsact Business in Florida," ( company to transact busine	Certificate of ess in Florida	
Please return all correspondence concerning this matter to the following:								
ROBERT L. CAULK								
Name of Person								
CAULIX CORPORATE ADVISORY PARTNERS, LLC								
• •								
	282 MORDOWSHOOK COUNTRY CLUB ESTATES							
Address								
BALLWIN, MO G301/ City/State and Zip Code								
City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
	Rose	nr L.	CAULK	_at (314	3 )	78 - 0696		
	Ŋ	Name of Contact l	Person	Area Code	Day	time Telephone Number		
Division Regist P.O. B	ING ADDI on of Corpo ration Secti fox 6327 assee, FL 33	orations on			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle ee, FL 32301		
	neck for the 5.00 Filing		nt: 00 Filing Fee & ate of Status	☐ \$155.00 Filing Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop		

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: MARTHERS Advisory (Name of Foreign Limited Liability Company; must include "Limited Liability Company," (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.") MISSOURI (Jurisdiction under the law of which foreign limited liability company is organized) JANUARY (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty fiability) MERADOWBADOK 630 11 mo(Street Address of Principal Office) NOIES (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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: 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.

Typed or printed name of signee

# 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

#### CAULK CORPORATE ADVISORY PARTNERS, LLC LC1188232

was created under the laws of this State on the 8th day of December, 2011, 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 25th day of March, 2017.

Secretary of State

Certification Number: CERT-03252017-0001

