

6/10/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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2017 AUG 10 A 9:29
TALLAHASSEE, FLORIDA

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

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Foreign Limited Liability Company
Allsup, LLC

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

Please file 2nd after fax number, H170002124843. Withdrawal then Registration filing. Thank you!

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Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLSUP, 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 an acknowledgment concerning this matter to the following:

John D. Barkun

Name of Person

ALLSUP, LLC

Firm/Company

300 Allsup Place

Address

Bellville, IL 60221

City/State and Zip Code

j.barkun@allsupinc.com

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

For further information concerning this matter, please call:

Samantha Maerz

314

345-6273

at (

Area Code

Daytime Telephone Number

Name of Contact Person

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

2017 AUG 10 A 9:29
TALLAHASSEE, FL 32301
FILED

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

IN COMPLIANCE WITH SECTION 605.0203, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Allsup, LLC
(Name of foreign limited liability company; must include "Limited Liability Company," "LLC," or "LLCO")

(If none available, each of the names adopted for the purpose of transacting business in Florida. The document must include "Limited Liability Company," "LLC," or "LLCO")

2. Illinois (State or country of which foreign limited liability company is organized) (FEI number, if applicable)

3. None
(If the foreign limited liability company is a subsidiary of a corporation, the name of the corporation must be included. If the foreign limited liability company is a subsidiary of a partnership, the name of the partnership must be included. If the foreign limited liability company is a subsidiary of a trust, the name of the trust must be included.)

4. 100 Allsup Place (Main office address in Florida)
(City, State, and Zip Code) Belleville, IL 62223

7. Name and street address of Florida registered agent: (P.O. Box None acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Rd.

Plantation, Florida 33324
(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.

CT Corporation System, By:

James M. Halpin
Assistant Secretary
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>James F. Allsup</u> <u>11338 E. Whistlingway</u> <u>Scottsdale, AZ 85255</u>	<u>Vice President</u>	<u>John D. Harkins</u> <u>709 Robinson Ave.</u> <u>Webster Groves, MO 63119</u>
<u>Vice President</u>	<u>W. Geary Hagen</u> <u>345 Redwood Forest Ct.</u> <u>Manchester, MO 63201</u>	<u>Vice President</u>	<u>Robert E. Sylvia</u> <u>45 Woodland</u> <u>Haver, MA 02339</u>

(Use attachments if necessary)

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)

10. 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.

John D. Harkins
Signature of an authorized person
John D. Harkins
Typed or printed name of signer

2017 AUG 10 A 9:30
FILED
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

File Number

0614136-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ALLSUP, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 07, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 8TH
day of AUGUST A.D. 2017 .***

Jesse White

SECRETARY OF STATE