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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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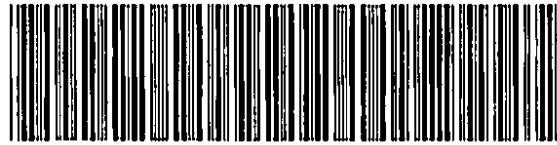
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 SEP 15 11:10:15
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SEP 18 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2017

STUART J VOGELSMEIER
714 LOCUST ST
SAINT LOUIS, MO 63101

SUBJECT: RESOURCE OPTIMIZATION & INNOVATION, L.L.C.
Ref. Number: W17000069748

We have received your document for RESOURCE OPTIMIZATION & INNOVATION, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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 (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 417A00017463

2017 SEP 15 PM 12:20
TALLAHASSEE, FLORIDA

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17 SEP 15 PM 12:20
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. RESOURCE OPTIMIZATION & INNOVATION, L.L.C.
(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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-0468368
(EIN number, if applicable)

4. SEPTEMBER 1, 2017
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 645 MARYVILLE CENTRE DRIVE
(Street Address of Principal Office)
SUITE 200
SAINT LOUIS, MISSOURI 63141

6. 645 MARYVILLE CENTRE DRIVE
(Mailing Address)
SUITE 200
SAINT LOUIS, MISSOURI 63141

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Alex Smith
(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>INTERIM CEO</u>	<u>MICHAEL RIVARD</u> <u>645 MARYVILLE CENTRE I</u> <u>SAINT LOUIS, MISSOURI 6</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.

Michael Rivard
(Signature of an authorized person)

Michael Rivard
(Typed or printed name of signer)

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

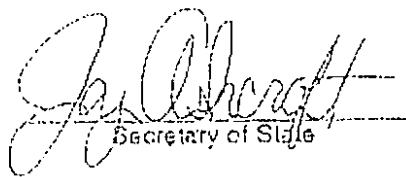
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

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

RESOURCE OPTIMIZATION & INNOVATION, L.L.C.
LC0061657

was created under the laws of this State on the 26th day of February, 2002, 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 2nd day of August, 2017.


Secretary of State



Certification Number: CERT-08022017-0036