

# M18000001210

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

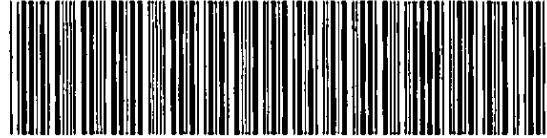
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. HARRIS



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HOWARD C. WRIGHT, JR. (RETIRED)  
DON C. BUSCH (RETIRED)  
JOHN M. CARNAHAN, JR. (1915-1998)

FIRM ADMINISTRATOR  
SHELLY BIVINS

January 30, 2018

**PRIVILEGED & CONFIDENTIAL**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

RE: All Detainment Solutions-New Port Richey, LLC – Foreign Qualification

To Whom It May Concern:

Enclosed please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, along with a Missouri Certificate of Good Standing and our company's check for same. Please process this application and return the letter of acknowledgment to us as indicated. Please contact me at the number above if you have any questions.

Sincerely,

Celia M. Williams  
Paralegal

/cmw  
Enclosures  
17256-006/728865.doc

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** All Detainment Solutions-New Port Richey, 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:

John M. Carnahan, III

\_\_\_\_\_  
Name of Person

Carnahan, Evans, Cantwell & Brown, P.C.

\_\_\_\_\_  
Firm/Company

2805 S. Ingram Mill Road

\_\_\_\_\_  
Address

Springfield, MO 65804

\_\_\_\_\_  
City/State and Zip Code

jcarnahan@cecb.com

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

For further information concerning this matter, please call:

Anthony C. Kelly

417

935-4080

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

**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. All Detainment Solutions-New Port Richey, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-4158757

(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. 885 West Steel Street

(Street Address of Principal Office)

Seymour, MO 65746

6. PO Box 717

(Mailing Address)

Seymour, MO 65746

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

Name: Dean Mead Services, LLC

Office Address: 420 S. Orange Avenue, Suite 700

Orlando

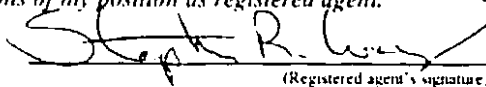
(City)

Florida 32801

(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.*



Vice President of Sole Member

(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Manager

Anthony C. Kelly

PO Box 717

Seymour, MO 65746

Manager

Stephen D. Kelly

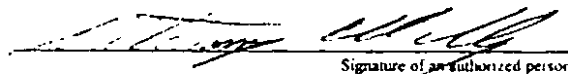
1059 N. 190th Street

Arcadia, KS 66711

(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.



Signature of authorized person

Anthony C. Kelly

Typed or printed name of signee

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

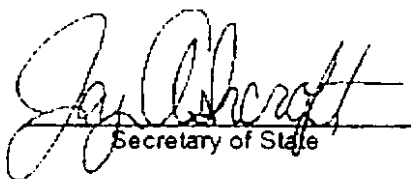
**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

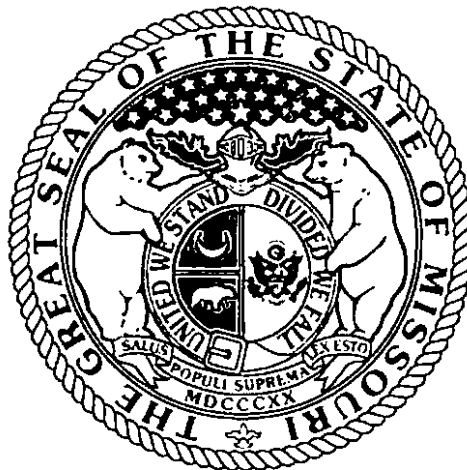
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

*All Detainment Solutions-New Port Richey, LLC*  
*LC001572324*

was created under the laws of this State on the 17th day of January, 2018, 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 30th day of January, 2018.

  
Secretary of State



Certification Number: CERT-01302018-0026