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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

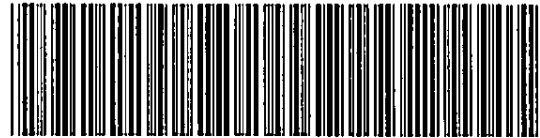
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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MAR 16 2018

Sycamore Springs LLC

4833 Green Valley Drive
High Ridge, MO 63049
636-677-6222

March 8, 2018

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

To Whom It May Concern:

Enclosed is an application to register Sycamore Springs as a foreign LLC. Our registered agent is Cogency Global and the service representative is Sheryl Gibbs. There is a check enclosed in the amount of \$125 to cover the filing fee. If you need more information, please contact me.

Thank you,

A handwritten signature in cursive script that reads "Karen Salters".

Karen Salters

Accounting Manager
Sycamore Springs LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sycamore Springs 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:

Tony Stieren
Name of Person

Sycamore Springs LLC
Firm/Company

4833 Green Valley Drive
Address

Nigh Ridge MO 63049
City/State and Zip Code

tstieren@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Salters at (636) 677-6222
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. Sucamore Springs, LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. State of Missouri 3. 43-1714098
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 02/15/2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4833 Green Valley Drive 6. _____
(Street Address of Principal Office) (Mailing Address)
High Ridge MO 63049

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

Name: Cogency Global Inc.
Office Address: 115 North Calhoun St. Suite 4
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.

[Signature]
(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:
<u>Acctg. Mgr.</u>	<u>Karen Salters</u>		
	<u>PO Box 1500</u>		
	<u>High Ridge MO</u>		
	<u>63049</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.

Karen Salters
Signature of an authorized person

Karen Salters
Typed or printed name of signer

FILED
MAR 14 AM 9:49
DEPARTMENT OF STATE
CORPORATIONS

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

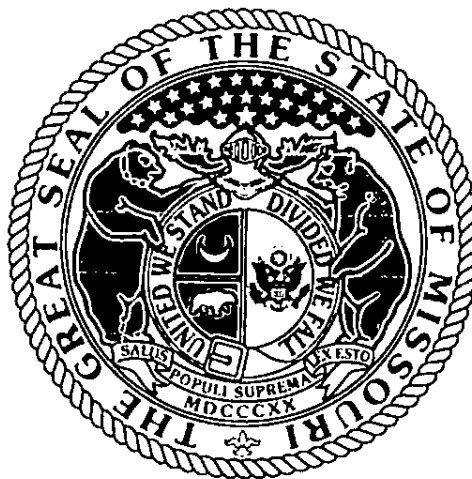
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

SYCAMORE SPRINGS, L.L.C.
LC0003875

was created under the laws of this State on the 8th day of June, 1995, 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 8th day of March, 2018.


Secretary of State



Certification Number: CERT-03082018-0076