

MI8000004609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

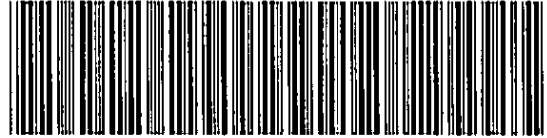
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300308277423

01/30/18--01015--015 **130.00

2018 MAY 14 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2018

KATHYE CARRICO
8345 LENEXA DRIVE, SUITE 110
LENEXA, KS 66214 US

SUBJECT: HENDERSON BUILDING SOLUTIONS, LLC
Ref. Number: W18000010161

We have received your document for HENDERSON BUILDING SOLUTIONS, LLC and your check(s) totaling \$130.00. 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 the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 718A00002074

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Henderson Building Solutions, 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:

Kathye Carrico

Name of Person

Henderson Building Solutions, LLC

Firm/Company

8345 Lenexa Drive, Suite 110

Address

Lenexa, KS 66214

City/State and Zip Code

kathye.carrico@hendersonbuilding.com

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

For further information concerning this matter, please call:

Kathye Carrico

913

742-5312

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. Henderson Building Solutions, 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. Kansas 3. 46-3518609
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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


5. 8345 Lenexa Drive, Suite 110 6. Same
(Street Address of Principal Office) (Mailing Address)
Lenexa
Kansas 66214

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

Name: Henderson Engineers, Inc.
Office Address: 555 Winderley Place, Suite 333
Maitland, , Florida 32751
(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 of agent accepting)

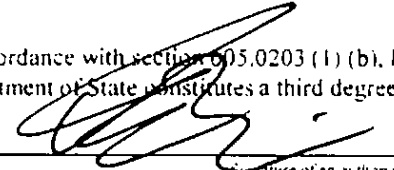
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>General Manager</u>	<u>David DeBiasse</u> <u>8345 Lenexa Drive, Ste 110</u> <u>Lenexa, KS 66214</u>	<u></u>	<u></u>
<u>Executive VP</u>	<u>M Drew Rimmer</u> <u>8345 Lenexa Drive, Ste 300</u> <u>Lenexa, KS 66214</u>	<u></u>	<u></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.



(Signature of an authorized person)

David DeBiasse

Typed or printed name of signer

FILED
2018 MAY 14 PM 2:15
RECEIVED DEPT. OF STATE
TALLAHASSEE, FLORIDA

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 4737334

Entity Name: HENDERSON BUILDING SOLUTIONS, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: OUTCOME CONSTRUCTION SERVICES L.L.C.

Registered Office: 8345 Lenexa Drive Suite 100, LENEXA, KS 66214

was filed in this office on July 26, 2013, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of May 10, 2018

KRIS W. KOBACH
SECRETARY OF STATE

Certificate ID: 1051816 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.