M19000001ZU

(Requestor's Name	e)
(Address)	
(Address)	
(City/State/Zip/Pho	ne #)
PICK-UP WAIT	MAIL
(Business Entity N	ame)
(Document Number	er)
Certified Copies Certificat	tes of Status
Special Instructions to Filing Officer:	

Office Use Only



000322024340

12/17/18--01931--039 **160.99

18 DEC 17 PH 3: 08

C CAVE JAN 0 4 2019

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	HydroKing STLLLC
505013	Name of Limited Liability Company
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please re	eturn all correspondence concerning this matter to the following:
	Chris King
	Name of Person
	HydroKing STL LLC
	Firm/Company
	411 Linda Marie Dr
	Address
	OFallon, Missouri 63366
	City/State and Zip Code
	chris@hydrokingstl.com
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	Chris King 636 290-5079
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed	is a check for the following amount:
	\$125.00 Filing Fee \$\ \text{Certificate of Status} \] \$155.00 Filing Fee \$\ \text{Certified Copy} \] \$160.00 Filing Fee, Certificate of Status \$\text{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:

(Date first transacted business in Florida, if prior to: (See sections 605 0904 & 605 0905, F.S. to determine	3	(FEI number, if applicable)	
(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration) ne penalty liabil		
(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration) ne penalty liabil		
		ity)	
	4.1	1.1.1	
pal Öffice)	o. <u> </u>	(Mailing Address)	
	OF	allon, Missouri 63366	
hris King			
3115 Regent Circle			
ort Myers		33966 Florida	
	f Florida registered agent: (P.O. Box hris King	OF Florida registered agent: (P.O. Box NOT acce hris King HI5 Regent Circle	OFallon, Missouri 63366 f Florida registered agent: (P.O. Box NOT acceptable) hris King B115 Regent Circle

Title or Capacity:	ress of the person(s) who has/have authority to manage is/are: Name and Address:
Member, Manager	Chris King
	411 Linda Marie Dr
	OFallon, Missouri 63366
Member, Manager	Zack King
	13115 Regent Circle
	Fort Myers, FI \$3966
(Use attachments if necessary)	
 Attached is a certificate of existence, jurisdiction under the law of which it is of the translator must be submitted) 	, no more than 90 days old, duly authenticated by the official having custody of records in the organized. (If the certificate is in a foreign language, a translation of the certificate under oat
10. This document is executed in accor submitted in a document to the Departn	rdance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information ment of State constitutes a third degree felony as provided for in s.817.155, F.S.
	Signature of an authorized person
Chris King	Signature of an authorized person

Typed or printed name of signee

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF FACT

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 as Secretary of State show that

HydroKing STL LLC LC001586932

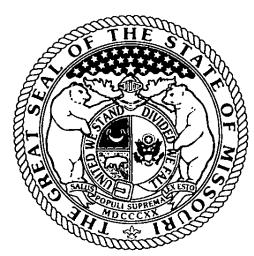
was created under the Laws of the State of Missouri on the 15th day of April, 2018.

I further certify that HydroKing STL LLC has the status of Active with this office as of the date of this certificate.

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 28th day of November, 2018.

Secretary of State

Certification Number: CERT-11282018-0115



Abstract of Corporate Record for: HydroKing STL LLC - Limited Liability Company

Profile Details

Status: Active

Citizenship: Domestic

Inc.: Missouri

Charter #: LC001586932

Duration: Perpetual

Date Formed: 15th day of April, 2018

Member

Profile Events

Date: 04/15/2018

Event: Creation

Filed Document: Articles of Organization

Effective: 04/15/2018

Doc ID: ORI-04152018-0424

Entity Information

Legal Entity Name: HydroKing STL LLC

Entity Type: Commercial

Entity Names

Entity Name: H

HydroKing STL LLC

Name Type:

Legal

Entity Address(es)

Address Type: Reg. Office

County:

Address Info:

nts:

411 Linda Marie Dr. OFallon, Missouri 63366

Registered Agent

Christopher King



State of Missouri

John R. Ashcroft, Secretary of State Corporations Division

PO Box 778 / 600 W. Main St., Rm. 322 Jefferson City, MO 65102

LC001586932 Date Filed: 4/15/2018 John R. Ashcroft Missouri Secretary of State

Articles of Organization (Submit with filing fee of \$105.00)

1. The name of the lin HydroKing STL LLG				
	(Must include "Limited Liability Company," "Limite	d Company," "LC," "L	.C.," "L.L.C.," or "LL.	(:")
2. The purpose(s) for v	which the limited liability company is organize	d:		
The purpose of the Li organized in this state	mited Liability Company is to engage in any la	awful activity for v	vhich a Limited Li	iability Company may be
3. The name and address	ess of the limited liability company's registere	d agent in Missour	i is:	
Christopher King	411 Linda Marie Dr	· · · ·		MO 63366
Name	Street Address: May not use PO Box unless street a	ddress also provided	Cay/State/Zi	ip
4. The management o	f the limited liability company is vested in:	☐ managers	⊠ members	(check one)
continue, which ma	on which the limited liability company is to dis sy be any number or perpetual: <u>Perpetual</u> wer to this question could cause possible tax consequence			
(ine uns	rec 10 ная quesuon count cuuse possime ux consequenc	es, you may wish to co	isaa wun <u>your auorne</u> j	у от асстините)
6. The name(s) and str	reet address(es) of each organizer (PO box may of (Organizer(s) are not required to be n			dress);
Name	Address			City/State/Zip
King, Christopher	411 Linda Marie Dr			OFallon MO 63366
King, Zachary	102 Excalibur Blyd			Troy MO 63379
operating agreement New Series: ☐ The limited liab New Series: ☐ The limited liab New Series: ☐ The limited liab	FIONAL) Pursuant to Section 347, 186, the line of the names of the series must include the full fility company gives notice that the series has lifty company gives notice that the series has lifty company gives notice that the series has less must also file an Attachment Form LLC 1A.	I name of the limit imited liability. imited liability. imited liability.		
Name: <u>Christop</u>	o return filed document: her King hris@hydrokingstl.com			
			-1	
City, State, and Zip	Code:		-	

indicated: :	(Date may not he more than 90 days after the filing date in this	
In Affirmation thereof, the facts st	ated above are true and correct:	
The undersigned understands that fals	e statements made in this filing are subject to the penalties pro	vided under Section 575.040, RSMo)
All organizers must sign:		
Christopher King	CHRISTOPHER KING	04/15/2018
Organizer Signature	Frinted Name	Date of Signature
Zachary King	ZACHARY KING	04/15/2018
Organizer Signature	Printed Name	Date of Swnature

STATE OF MISSOURY



John R. Ashcroft Secretary of State

CERTIFICATE OF ORGANIZATION

WHEREAS,

HydroKing STL LLC LC001586932

filed its Articles of Organization with this office on the 15th day of April, 2018, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, John R. Ashcroft, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the 15th day of April, 2018, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

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 15th day of April, 2018.

