

M19000006529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

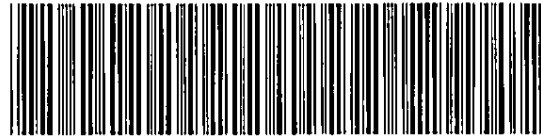
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300331535183

19 JUL -8 PM 4:22

RECEIVED

2019 JUL -8 AM 10:16

SECRETARY OF STATE
HALL OF RECORDS


FILED

JUL 09 2019

M. SOLOMON

FILE 2ND

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I200000000195
REFERENCE : 833966 7815652
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : July 8, 2019
ORDER TIME : 3:13 PM
ORDER NO. : 833966-060
CUSTOMER NO: 7815652

FOREIGN FILINGS

NAME: TECNIFLEX, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER: _____

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. Tecniflex, 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. Tennessee 3. 43-1179016
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 3130 S. Delaware Avenue 6. 3130 S. Delaware Avenue
(Street Address of Principal Office) (Mailing Address)
Springfield, MO 65804 Springfield, MO 65804

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)

SECRETARY OF STATE
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

2019 JUL -8 AM 10:16

FILED

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.

By: Corporation Service Company
(Registered agent's signature)

Lydia Cohen
Asst. Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Mychal Kempt
☐ Member Address: 3130 S. Delaware Avenue
☐ Authorized Springfield, MO 65804
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: Craig Marton
☐ Member Address: 3130 S. Delaware Avenue
☐ Authorized Springfield, MO 65804
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Daniel Winters
☐ Member Address: 3130 S. Delaware Avenue
☐ Authorized Springfield, MO 65804
Person _____
☐ Other _____ ☐ Other _____

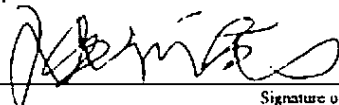
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Daniel Winters

Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE. 6th FL
Nashville, TN 37243-1102

BONNY SEXTON
BONNY SEXTON
2711 CENTERVILLE RD.
WILMINGTON, DE 19808

July 8, 2019

Request Type: Certificate of Existence/Authorization
Request #: 0322024

Issuance Date: 07/08/2019
Copies Requested: 1

Document Receipt

Receipt #: 004907795 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3761569860 \$20.00

Regarding: Tecniflex, LLC
Filing Type: Limited Liability Company - Domestic Control #: 394045
Formation/Qualification Date: 08/14/2000 Date Formed: 08/14/2000
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Tecniflex, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 034063628