M 19000006542

(Re	questor's Name)	
(Ad	dress)	
DA)	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SUCCESSION ASSESSMENT OF SUCCESSION OF SUCCE

JUL 09 2019 M. SOLOMON



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 1, 2018

JEFF SMITH 1982 INNERBELT BUSINESS CENTER DRIVE ST. LOUIS, MO 63114

SUBJECT: IENG, LLC

Ref. Number: W18000070121

19 JUL -5 PH Q 50

We have received your document for IENG, 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.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Deborah Bruce Corporate Records Supervisor

Letter Number: 818A00015870

2661 EXECUTIVA CENTRA CIPLLE

TI

ATTN: VINCE SHITH

www.sunbiz.org

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COVER LETTER

Registration Section

TO:

Division of Corporation	ons		
SUBJECT: LEng, LL	. C		
30B3EC1	Name of	Limited Liability Company	
The enclosed "Application by Fo Existence, and check are submitt	oreign Limited Liability Completed to register the above reference.	pany for Authorization to To enced foreign limited liabili	ransact Business in Florida," Certificate of ty company to transact business in Florida
Please return all correspondence	concerning this matter to the	following:	
	JEF	F SMITH ame of Person	
	N	ame of Person	
	i Eng, L	L C irm/Company	
198	12 INNERBELT B	USINESS CENTER Address	DRIVE
	ST. LOUIS, MO	63114 tate and Zip Code	
	ismitha lengto JE-mail address: (to be lised	build. Com d for future annual report no	rtification)
For further information concerni	ng this matter, please call:		
JCFF SMITI	of Contact Person	at (<u>6 8</u>) <u>4</u> Area Code Da	52 - 0035 ytime Telephone Number
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREE Division Registra Clifton E 2661 Ex	<u>FADDRESS:</u> of Corporations tion Section
Enclosed is a check for the follow ☐ \$125.00 Filing Fee	ving amount:	□ \$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

iENG, LLC				
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company," "L.L,C.," or "LLC.")	·	
NG Design, LLC				
name unavailable, enter alternate r	ame adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Liability Con-	pany," "L.L.C," or "I.LC."	
Missouri		37-1896580		
(furisciction under the law of which foreign limited liability company is organized)		5(FEI number, if appl	3. (FEI number, if applicable)	
07/30/2019				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.) ne penalty liability)		
1982 Innerbelt Busine	ss Center Dr.	1982 Innerbelt Business Center D	r.	
(Street Address of I	Principal Office)	6. (Mailing Address)		
St. Louis, MO 63114		St. Louis, MO 63114	<u> </u>	
			7 27 E	
			7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	Corporate Service Company		A440 H	
Office Address:	1201 Hays Street			
	Tallahassee	32301	, -	
	(City)	, Florida (Zip code)		

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.

Welissa Bunting Melissa Bunting, Assistant VP

1.

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIGA

	SINESS IN THE STATE OF FLORIDA:		
1. LEng LLC (Name of Foreign I	.imited Liability Company; must include "Limite	d Liability Company,""L.L.C.," or "LL	C.")
(If name unavailable, enter alternate na	me adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited	I Linbility Company," "L. L.C," or "LLC,")
2. MISSOURI (Jurisdiction under the law of whi	ch foreign limited liability company is organized)	3	number, if applicable)
4. NOT AS OF	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration) ne penalty liability)	
5. LEng LLC	incipal Office)	6. LEng LLC (Mailing	Address
	LT BUSINGS CONTEC DRIVE		BUSINESS (CNEER DRIVE
	63114	ST. LOUIS, MO	
7. Name and <u>street address</u> Name:	of Florida registered agent: (P.O. Box Corporation Service Company	NOT acceptable)	BECKETA
Office Address:	1201 Hays Street		が表め
Office Address.	Tallahassee	70301	00 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	(City)	Florida 32301	
	of my position as registered agent. Corporation Service Company By:		
	(Registered agent's	signature)	
8. The name, title or capacity:	(Registered agent's city and address of the person(s) who ha <u>Name and Address:</u>		e: <u>Name and Address:</u>
	city and address of the person(s) who ha	s/have authority to manage is/ar Title or Capacity:	Name and Address: ANNAUSE RECEN
Title or Capacity:	City and address of the person(s) who has Name and Address: TOM MURAWSK I 1982 INDERECT BUSINESS CON ST LOVIS, MO (3114	s/have authority to manage is/ar Title or Capacity: Vice Presultant Across	Name and Address: ANNALISE RECEN 1982 INNERECT FUNCISS COMES
Title or Capacity: PRESIDENT CHIEF FINANCIAL OFFICER	TOM MURAWSK I 1382 INNERFOR BUSINESS (2) ST LOUIS, MO COLUMN GARE OR ST LOUIS, MO COLUMN	s/have authority to manage is/ar Title or Capacity: Vice Presultant Across	Name and Address: ANNALISE RECEN 1982 INNERECT FUNCISS COMES
Title or Capacity: PRESIDENT CHIEF FINANCIAL OFFICER (Use attachments if necess	TOM MURAWSKI 1382 INNERFECT BUSINESS CONSTITUTIONS MOREST CONSTITUTIONS CONTROL ST. LOUIS, MO. 13114 1822 INNERFECT BUSINESS CONTROL ST. LOUIS, MO. 13114 1822 INNERFECT BUSINESS CONTROL ST. LOUIS, MO. 13114	s/have authority to manage is/ar Title or Capacity: Vice Presultant a. or	Name and Address: ANN ALISE RECEN 1982 INNERSECTION OF ST. LOUIS, NO. 63114
Title or Capacity: PRESIDENT CHIEF TIMENCIAL OFFICER (Use attachments if necessions). Attached is a certificate of purisdiction under the law of the l	TOM MURAWSK I 1332 WARRENT BUSINESS CASE OF ST LOUIS, MO COMMENS AND	s/have authority to manage is/ar Title or Capacity: Vice Presultent A or duly authenticated by the officia	Name and Address: ANN PLISE RECENT 1982 INNEGET FORCES CENTER ST. COULS TO 63114
Title or Capacity: PRESIDENT CHIEF FINANCIAL OFFICER (Use attachments if necessing a certificate of jurisdiction under the law of the translator must be sufficiency of the translator must be sufficiency.)	ity and address of the person(s) who hat Name and Address: TOM MURAWSKI 1332 (DARKGER BUSINESS CARE OF ST. LOUIS, MO. C3114 if FF SMITH 1332 (DARGGER BUSINESS CARE OF ST. LOUIS, MO. C3114 ary) of existence, no more than 90 days old, of which it is organized. (If the certificate bmitted) ted in accordance with section 605.0203 the Department of State constitutes a thi	s/have authority to manage is/ar Title or Capacity: Vice Presultant a. os. duly authenticated by the official e is in a foreign language, a tran	Name and Address: ANN PUSE RECENTED TO 1982 INNECTED TO 63 HT ST. LOUIS POOR 63 HT Station of the certificate under oath ware that any false information

Typed or printed name of signee

STATE OF MISSOUR

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

iEng, LLC LC001587456

was created under the laws of this State on the 18th day of April, 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 26th day of June, 2019.

Certification Number: CERT-06262019-0061