

8/12/2019

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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TALLAHASSEE, FLORIDA

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**Foreign Limited Liability Company
TSI Global Companies, LLC**

Certificate of Status	0
Certified Copy	1
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Y SCOTT

AUG 13 2019

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. TSI Global Companies, 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. Missouri
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (F.T. Number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0934 & 605.0935, F.S., to determine penalty liability.)

5. (Street Address of Principal Office)

6. (Mailing Address)

700 Fountain Lakes Blvd.

700 Fountain Lakes Blvd.

St. Charles, Missouri 63301, United States

St. Charles, Missouri 63301, United States

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324
(City) Florida (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.

By: C T Corporation System
08/09/2019

(Registered agent's signature)

Christine Keim
Assistant Secretary

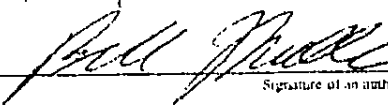
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Robert Bray	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 700 Fountain Lakes Blvd.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	St. Charles, Missouri 63301	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Dave Cooksey	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 700 Fountain Lakes Blvd.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	St. Charles, Missouri 63301	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: Bill Mueller	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 700 Fountain Lakes Blvd.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	St. Charles, Missouri 63301	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

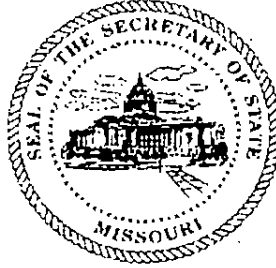


 Signature of an authorized person

Bill Mueller

 Typed or printed name of signer

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

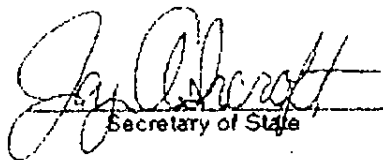
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

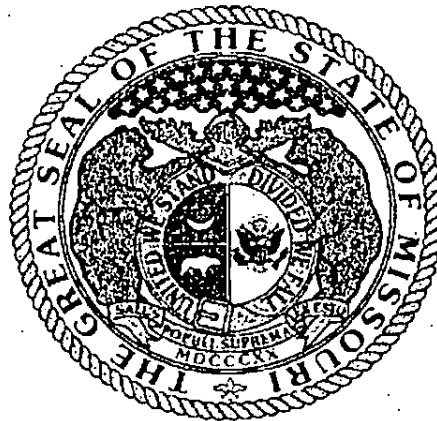
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

TSI Global Companies, LLC
LC0821885

was created under the laws of this State on the 7th day of June, 2007, 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 9th day of August, 2019.


Secretary of State



Certification Number CERT-08092019-0096

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TALLAHASSEE, FLORIDA