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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

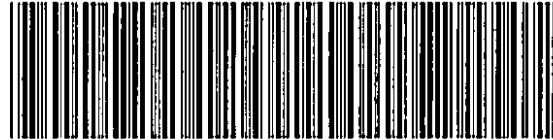
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2019 NOV -1 PM 5:33

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COVER LETTER

**TO: Registration Section
Division of Corporations**

BENTON DESIGN GROUP, LLC

SUBJECT: _____
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:

ASHLEY PICKETT

Name of Person

BENTON DESIGN GROUP, LLC

Firm/Company

913 BULLPEN DRIVE

Address

O'FALLON, MO 63366

City/State and Zip Code

ASHLEY@BENTONDG.COM

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

For further information concerning this matter, please call:

ADAM PICKETT

636

515-0382

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

2013 JUL 1 PM 5:01
FBI
TALLAHASSEE

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

IN COMPLIANCE WITH SECTION 605.062, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTING TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

BENTON DESIGN GROUP, LLC

1. _____
(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")
MISSOURI 47-4292018

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

NOT YET TRANSACTED BUSINESS

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S., to determine penalty liability)

913 BULLPEN DRIVE

913 BULLPEN DRIVE

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)

O'FALLON, MO 63366

O'FALLON, MO 63366

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

URS Agents, LLC

Name: _____

3458 Lakeshore Drive

Office Address: _____

Tallahassee

32312

_____, Florida _____
(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.

By: Amy Purdy

Amy Purdy, Assistant Secretary

(Registered agent's signature)

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: ADAM PICKETT
913 BULLPEN DRIVE
☐ Member Address: O'FALLON, MO 63366
☐ Authorized
Person
☐ Other ☐ Other

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

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

Title or Capacity: **Name and Address:**
☐ Manager Name: ASHLEY PICKETT
913 BULLPEN DRIVE
☐ Member Address: O'FALLON, MO 63366
☒ Authorized
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

ADAM PICKETT

Typed or printed name of signee

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF CORPORATE RECORDS

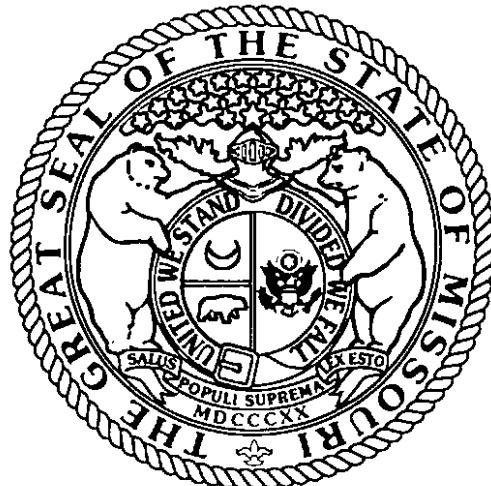
Benton Design Group, LLC
LC001450987

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of the original documents on file and of record in this office.

2019 OCT 18 PM 3:34

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 18th day of October, 2019.


Secretary of State



Certification Number: CERT-10182019-0039

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

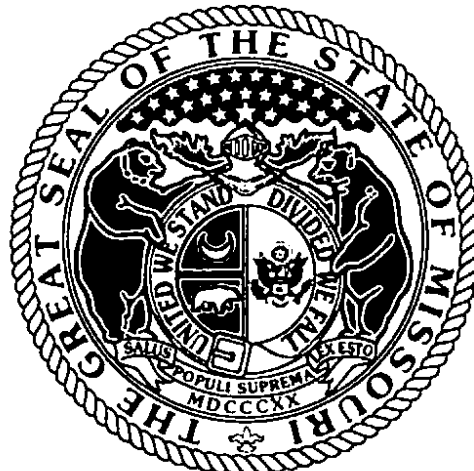
Benton Design Group, LLC
LC001450987

was created under the laws of this State on the 17th day of June, 2015, and is active, having fully complied with all requirements of this office.

2019 NOV - 1 PM 5:24

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 17th day of October, 2019.


Secretary of State



Certification Number: CERT-10172019-0118



State of Missouri
Jason Kander, Secretary of State
 Corporations Division
 PO Box 778 / 600 W. Main St., Rm. 322
 Jefferson City, MO 65102

LC001450987
Date Filed: 6/17/2015
Jason Kander
Missouri Secretary of State

Articles of Organization

(Submit with filing fee of \$105.00)

- The name of the limited liability company is
Benton Design Group, LLC
(Must include "Limited Liability Company," "Limited Company," "LC," "L.C.," "LLC," or "LLC")
- The purpose(s) for which the limited liability company is organized:
to transact any and all lawful business
- The name and address of the limited liability company's registered agent in Missouri is:

<u>Dwain Schnuck</u>	<u>13617 NW Industrial Circle</u>	<u>Bridgeton MO 63044</u>
<i>Name</i>	<i>Street Address; May not use PO Box unless street address also provided</i>	<i>City/State/Zip</i>
- The management of the limited liability company is vested in: ☐ managers ☒ members *(check one)*
- The events, if any, on which the limited liability company is to dissolve or the number of years the limited liability company is to continue, which may be any number or perpetual: Perpetual
(The answer to this question could cause possible tax consequences, you may wish to consult with your attorney or accountant)
- The name(s) and street address(es) of each organizer *(PO box may only be used in addition to a physical street address)*:
(Organizer(s) are not required to be member(s), manager(s) or owner(s))

<i>Name</i>	<i>Address</i>	<i>City/State/Zip</i>
<u>Pickett, Adam</u>	<u>457 Dames Park Drive</u>	<u>O Fallon MO 63366</u>
- ☐ Series LLC (OPTIONAL) Pursuant to Section 347.186, the limited liability company may establish a designated series in its operating agreement. The names of the series must include the full name of the limited liability company and are the following:
 New Series:
☐ The limited liability company gives notice that the series has limited liability.
 New Series:
☐ The limited liability company gives notice that the series has limited liability.
 New Series:
☐ The limited liability company gives notice that the series has limited liability.
 (Each separate series must also file an Attachment Form LLC 1A.)

Name and address to return filed document:

Name: Amanda Shields

Address: Email: amanda@bratkowskicpas.com

City, State, and Zip Code: _____

8. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: _____

(Date may not be more than 90 days after the filing date in this office)

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

All organizers must sign:

Adam Pickett
Organizer Signature

ADAM PICKETT
Printed Name

06/17/2015
Date of Signature

2019 JUN -1 PM 3:34

STATE OF MISSOURI



Jason Kander
Secretary of State

CERTIFICATE OF ORGANIZATION

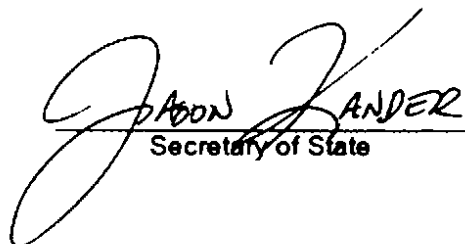
WHEREAS,

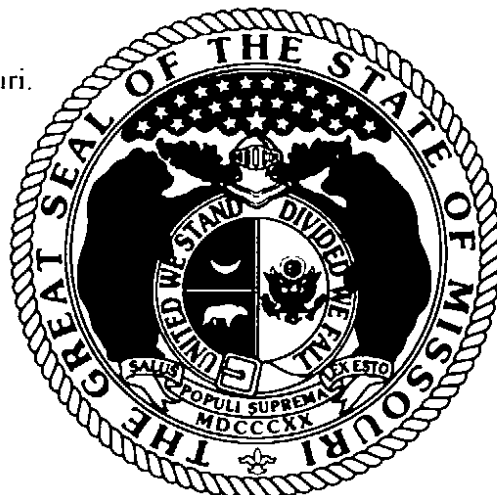
Benton Design Group, LLC
LC001450987

filed its Articles of Organization with this office on the 17th day of June, 2015, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, Jason Kander, 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 17th day of June, 2015, 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 17th day of June, 2015.


Secretary of State



2015 NOV -1 PM 5:34