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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

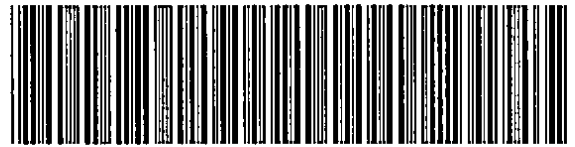
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FILED
MAR 20 2020
10:00 AM

20 MAR 20 AM 2:53

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AVI Southeast, LLC

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:

Ray Carter

Name of Person

AVI Systems, Inc.

Firm/Company

8019 Bond St

Address

Lenexa, KS 66214

City/State and Zip Code

ray.carter@avisystems.com

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

For further information concerning this matter, please call:

Ray Carter

Name of Contact Person

913

at (_____) _____
Area Code

577-1009

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

20 MAR 20 AM 2:53

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**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. AVI Southeast, 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. Minnesota 3. 84-4865670
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 4/1/2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9675 W 76th St 6. 8019 Bond St
(Street Address of Principal Office) (Mailing Address)

Suite 130

Eden Prairie, MN 55344

Lenexa, KS 66216

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324
(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.

Denise Bell

- Denise Bell, Secretary

(Registered agent's signature)

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20 MAR 20 AM 2:53

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: AVI Systems, Inc.

☒ Member Address: 8019 Bond St

☐ Authorized Lenexa, KS 66214

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Jeffrey M Stoebner

☐ Member Address: 9675 W 76th St

☐ Authorized Suite 130

Person Eden Prairie, MN 55344

☒ Other Chief Manager ☐ Other President

☒ Manager Name: Randi L Borth

☐ Member Address: 8019 Bond St

☐ Authorized _____

Person Lenexa, KS 66214

☒ Other CFO/Treasurer ☐ Other _____

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

☒ Manager Name: Christopher T Mounts

☐ Member Address: 8019 Bond St

☐ Authorized _____

Person Lenexa, KS 66214

☒ Other Vice President ☐ Other _____

☒ Manager Name: Joel Lehman

☐ Member Address: 9675 W 76th St

☐ Authorized Suite 130

Person _____

☒ Other Secretary ☐ Other _____

☐ Manager Name: Ray Carter

☐ Member Address: 8019 Bond St

☒ Authorized _____


Person Lenexa, KS 66214

☒ Other Tax Accountant ☐ 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

Ray Carter

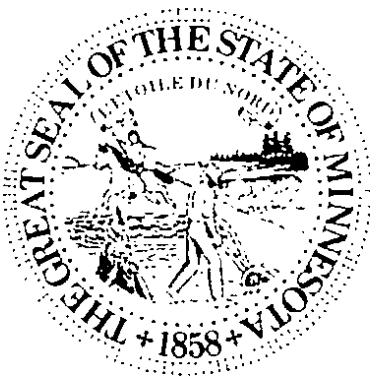
Typed or printed name of signer

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	AVI Southeast, LLC
Date Filed:	02/25/2020
File Number:	1144400100025
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 02/27/2020



Steve Simon
Steve Simon
Secretary of State
State of Minnesota