

M20000007236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

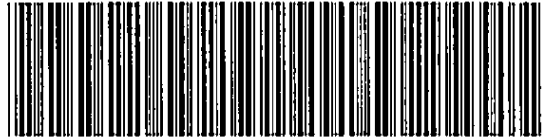
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8/24/20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Reusable Respirators, 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:

Theresa Rhodes

Name of Person

Applied Research Associates, Inc.

Firm/Company

4300 San Mateo Blvd. NE, Suite A-220

Address

Albuquerque, NM 87110

City/State and Zip Code

trhodes@ara.com

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

For further information concerning this matter, please call:

Theresa Rhodes

505

881-8074

at (_____) _____

Name of Contact Person

Area Code

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

2020 APR 18 PM 1:23

**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. Reusable Respirators, 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. Delaware 3. 85-0983016
(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. 430 West 5th Street 6. 430 West 5th Street
(Street Address of Principal Office) (Mailing Address)
Suite 700 Suite 700
Panama City, FL 32401 Panama City, FL 32401

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

Name: Lisa Kirk
Office Address: 430 West 5th Street, Suite 700
Panama City 32401
(City) (Zip code)
Florida

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.

Lisa L. Kirk

Digitally signed by Lisa L. Kirk
Date: 2020.07.07 14:15:44 -05'00'

(Registered agent's signature)

2020.07.07 18:11:23

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: <u>Curt A. Beckemeyer</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Brian K. Heimbuch</u>
<input type="checkbox"/> Member	Address: <u>100 Trade Centre Drive</u>	<input type="checkbox"/> Member	Address: <u>430 W. 5th Street</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 200</u>	<input type="checkbox"/> Authorized	<u>Suite 700</u>
Person	<u>Champaign, IL 61820</u>	Person	<u>Panama City, FL 32401</u>
<input checked="" type="checkbox"/> Other <u>President</u>	<input checked="" type="checkbox"/> Other <u>Director</u>	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Robert H. Sues</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>2760 Eisenhower Avenue</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 308</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Alexandria, VA 22314</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>Director</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<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.

Curt A. Beckemeyer
Signature of an authorized person

Curt A. Beckemeyer, President

Typed or printed name of signee

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "REUSABLE RESPIRATORS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REUSABLE RESPIRATORS, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2020.

2020 APR 18 PM 1:23




Jeffrey W. Bullock, Secretary of State

7943350 8300

SR# 20206731542

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203466312

Date: 08-13-20

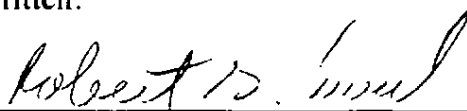
**STATE OF DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE OF FORMATION
OF
REUSABLE RESPIRATORS, LLC**

This Certificate of Formation of Reusable Respirators, LLC (the "LLC"), dated as of April 21, 2020, has been duly executed and is being filed by Robert G. Tweel, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del C §18-101, et. seq.).

FIRST: The name of the limited liability company formed hereby is Reusable Respirators, LLC.

SECOND: The address of the registered office of the LLC in the State of Delaware is c/o Cogency Global, Inc., 850 New Burton Road, Suite 201, Dover, Delaware 19904. The name and address of the registered agent for service of process on the LLC in the State of Delaware is Cogency Global, Inc., 850 New Burton Road, Suite 201, Dover, Delaware 19904.

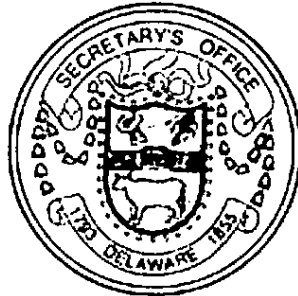
IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of the date first above written.



Name: Robert G. Tweel, Authorized Person

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The Secretary of State of Delaware issued a certificate for REUSABLE RESPIRATORS, LLC whose file number is 7943350 on 04/21/2020 under request number 20203011191 for authentication number 202801493



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2020

THERESA RHODES
4300 SAN MATEO BLVD NE STE A-220
ALBUQUERQUE, NM 87110 US

SUBJECT: REUSABLE RESPIRATORS, LLC
Ref. Number: W20000079060

We have received your document for REUSABLE RESPIRATORS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 420A00013956

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