

N 200000007320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

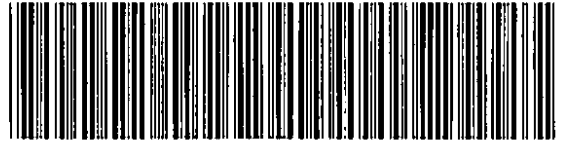
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W200000079227

Office Use Only



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07/10/39--01024 --021 **150.00

08/24/20--01019--001 **916.25

FILED
2020 AUG 20 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

US
8/24/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2020

DAVID KRAUSS
18152 EDISON AVENUE
SUITE:200
CHESTERFIELD, MO 63005

SUBJECT: VIKING 2017, LLC
Ref. Number: W20000079227

We have received your document for VIKING 2017, 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):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$916.25.

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.

Yvette Scott
Document Specialist II

Letter Number: 320A00013972

RECEIVED
AUG 20 2020

David Krauss

To: Florida Division of Corporations
Subject: Viking 2017

Florida Division of Corporations
The Centre of Tallahassee
2415 N. Monroe
Suite 810
Tallahassee, Florida 32304

FILED
2020 AUG 20 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

We sent you a \$130 check (#20382) for delivery today regarding qualification of Viking 2017 LLC as a FL foreign corporation.

We inadvertently sent a draft of the application that did not have the signature of the Registered Agent and did not have the Certificate of Good Standing.

Enclosed is updated application form and attachments.

Could you please incorporate with what we had previously sent and process the application. If questions, please call at: 314-697-2926.

Thank you.

David Krauss



RECEIVED

JUL 13 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Viking 2017, 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:

David Krauss

Name of Person

Family Office Solutions LLC

Firm/Company

18152 Edison Avenue, Suite 200

Address

Chesterfield, MO 63005

City/State and Zip Code

dkrauss@familyofficesolutionsllc.com

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

For further information concerning this matter, please call:

David Krauss

314

697-2926

Name of Contact Person

at ()

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

200 AUG 20 PM 4:37
FILED
TALLAHASSEE, FLORIDA

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. Viking 2017, 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 3. 493-44-8151
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1/2017
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 A, 605.0905, F.S. to determine penalty liability)

5. 18130 Edison Avenue 6. 18130 Edison Avenue
(Street Address of Principal Office) (Mailing Address)

Chesterfield, MO 63005

Chesterfield, MO 63005

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

Name: Cogency Global

Office Address: 115 North Calhoun, Suite 4

Tallahassee 32301
(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.

Sandra Gonzalez, Asst. 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]:


<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: August A. Busch III	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 18152 Edison Ave., Ste 200	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Chesterfield, MO 63005	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: David Krauss	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 18152 Edison Ave., Ste 200	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Chesterfield, MO 63005	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<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 _____

FILED
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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
IN FLORIDA
TALLAHASSEE, FLORIDA

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

David J. Krauss

Typed or printed name of signee

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

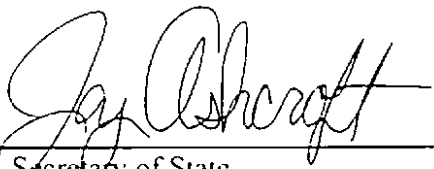
CERTIFICATE OF GOOD STANDING

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

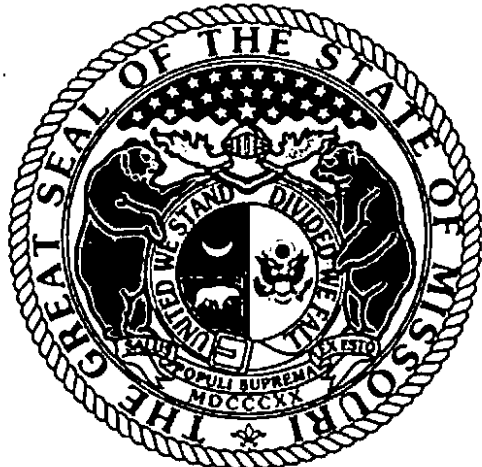
VIKING 2017 LLC
LC001523059

A Missouri entity was created under the laws of this State on 1/26/2017, and is Active, having fully complied with all the 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, the 24th day of August, 2020.


Secretary of State

Certification Number: CERT-IN18638



2020 AUG 20 PM 4:37