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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

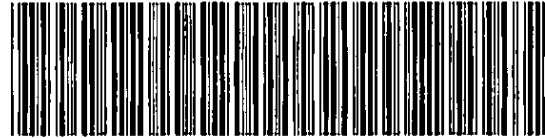
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TDK TECHNOLOGIES, 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:

SUSAN DENT

Name of Person

TDK TECHNOLOGIES, LLC

Firm Company

16253 SWINGLEY RIDGE ROAD, SUITE 300

Address

CHELSTERFIELD, MO 63017

City/State and Zip Code

SUE.DENT@TDKTECH.COM

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

For further information concerning this matter, please call:

SUSAN DENT

Name of Contact Person

636
at ()

Area Code

778-1404 Ext. 114

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

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

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

1. TDK TECHNOLOGIES, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. MISSOURI

43-1921846

(Jurisdiction under the law of which foreign limited liability company is organized)

(FBI 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. 16253 SWINGLEY RIDGE ROAD

16253 SWINGLEY RIDGE ROAD

(Office Address of Principal Officer)

(Mailing Address)

SUITE 300

SUITE 300

CHESTERFIELD, MO 63017

CHESTERFIELD, MO 63017

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

Name: URS AGENTS, LLC

Office Address: 3458 LAKESHORE DRIVE

TALLAHASSEE

Florida 32312

(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.

URS Agents, LLC

(Registered agent's signature)

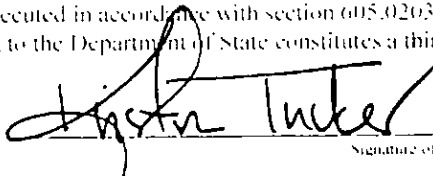
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: KRISTIN TUCKER	<input type="checkbox"/> Manager	Name: DAVID KOCS
<input checked="" type="checkbox"/> Member	Address: 509 EAGLE MANOR LANE	<input checked="" type="checkbox"/> Member	Address: 77 SCENIC COVE LANE
<input type="checkbox"/> Authorized	CHESTERFIELD, MO 63017	<input type="checkbox"/> Authorized	ST. CHARLES, MO 63303
Person		Person	
Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: MARK HINMAN	<input type="checkbox"/> Manager	Name: CHRISTOPHER TUCKER
<input checked="" type="checkbox"/> Member	Address: 4035 RIVERDELL DRIVE	<input checked="" type="checkbox"/> Member	Address: 497 HILLBROOK DRIVE
<input type="checkbox"/> Authorized	WENTZVILLE, MO 63385	<input type="checkbox"/> Authorized	BALLWIN, MO 63011
Person		Person	
Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: KELLY GOUGH	<input type="checkbox"/> Manager	Name:
<input checked="" type="checkbox"/> Member	Address: 17316 RADCLIFFE PLACE	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	WILLOWOOD, MO 63025	<input type="checkbox"/> Authorized	
Person		Person	
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

KRISTIN TUCKER

Typed or printed name of signer

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

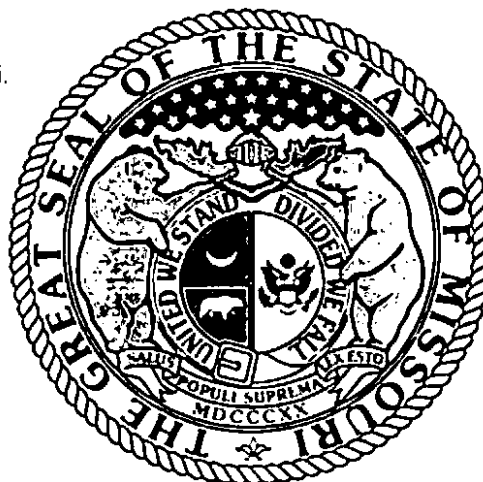
TDK TECHNOLOGIES, LLC

LC0049500

A Missouri entity was created under the laws of this State on 4/4/2001, 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 3rd day of November, 2020.


Secretary of State



Certification Number: CERT-IN33860