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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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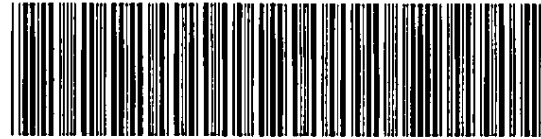
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Manchester Huddle 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:

Angela Baer

Name of Person

Firm/Company

9109 Watson Road, 4th Floor

Address

Saint Louis, MO 63126

City/State and Zip Code

abaer@rsolution.com

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

For further information concerning this matter, please call:

Angela Baer

314

222-6041

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

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. Manchester Huddle LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(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 "L.L.C.")

2. Missouri 47-4802461  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/1/2020  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9109 Watson Road, 4th Floor 9109 Watson Road, 4th Floor  
(Street Address of Principal Office) (Mailing Address)

St. Louis, MO 63126 St. Louis, MO 63126

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

Name: Parker Mount  
Office Address: 530 Seabreeze Circle  
Seacrest 32461  
(City) Florida (Zip code)

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1, 6, 11

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.

Parker Mount  
(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: Gary Grewe	<input type="checkbox"/> Manager	Name: Angela Baer
<input type="checkbox"/> Member	Address: 9109 Watson Rd	<input type="checkbox"/> Member	Address: 9109 Watson Road
<input type="checkbox"/> Authorized	4th Floor	<input checked="" type="checkbox"/> Authorized	4th Floor
Person	St. Louis, MO 63126	Person	St. Louis, MO 63126
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Bill Appelbaum	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 9109 Watson Rd	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	4th Floor	<input type="checkbox"/> Authorized	
Person	St. Louis, MO 63126	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

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  
  
\_\_\_\_\_  
Typed or printed name of signer



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

**LC001436834**  
**Date Filed: 2/24/2015**  
**Jason Kander**  
**Missouri Secretary of State**

## Articles of Organization

*(Submit with filing fee of \$105.00)*

1. The name of the limited liability company is

MANCHESTER/HUDDLE, L.L.C.

*(Must include "Limited Liability Company," "Limited Company," "LLC," "L.C.," "L.L.C.," or "LLC")*

2. The purpose(s) for which the limited liability company is organized:

The transaction of any lawful business for which a limited liability company may be organized under the Missouri Limited Liability Company Act, Chapter 347 RSMo.

3. The name and address of the limited liability company's registered agent in Missouri is:

<u>Kevin M. Cushing</u>	<u>120 S. Central Ave. Suite 1800</u>	<u>St. Louis MO 63105</u>
<i>Name</i>	<i>Street Address: May not use PO Box unless street address also provided</i>	<i>City/State/Zip</i>

4. The management of the limited liability company is vested in: ☒ managers ☐ members *(check one)*

5. 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)*

6. 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>Cushing, Kevin M.</u>	<u>120 S. Central Ave. Suite 1800</u>	<u>St. Louis MO 63105</u>

7. ☐ 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: Linda M. Walsh

Address: Email: lmw@carmodymacdonald.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:**

Kevin M. Cushing  
*Organizer Signature*

KEVIN M. CUSHING  
*Printed Name*

02/24/2015  
*Date of Signature*

# STATE OF MISSOURI



*John R. Ashcroft*  
Secretary of State

## CORPORATION DIVISION CERTIFICATE OF CORPORATE RECORDS

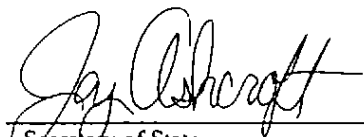
MANCHESTER/HUDDLE, L.L.C.

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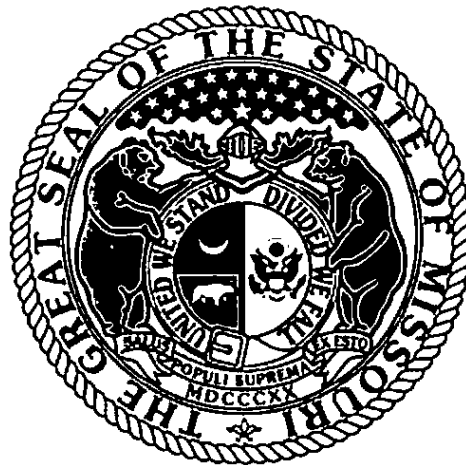
I, John R. Ashcroft, Secretary of State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of the original documents on file and of record in this office.

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 12/02/2020

  
Secretary of State

Certification Number: CERT-IN39720



# STATE OF MISSOURI



**Jason Kander**  
**Secretary of State**

## CERTIFICATE OF ORGANIZATION

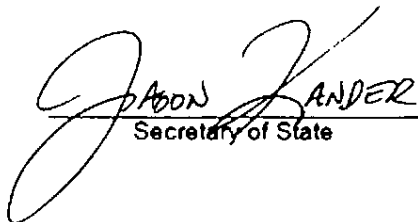
WHEREAS,

*MANCHESTER/HUDDLE, L.L.C.*  
*LC001436834*

filed its Articles of Organization with this office on the 24th day of February, 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 24th day of February, 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 24th day of February, 2015.

  
Secretary of State

