

MA210000002076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

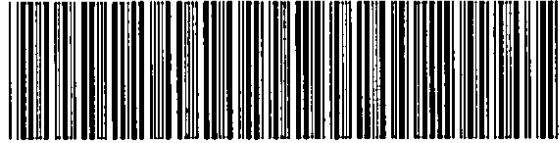
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

US
2/21/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UNITED ACCESS, L.L.C.

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:

ANTHONY TUTTLE

Name of Person

UNITED ACCESS, L.L.C.

Firm/Company

500 NORTHWEST PLAZA DR., STE 900

Address

ST. LOUIS, MO. 63074

City/State and Zip Code

todd.tuttle@unitedaccess.com

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

For further information concerning this matter, please call:

ANTHONY TUTTLE

314

293-3497

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

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SECRET
TODD TUTTLE
REG. FL

FILED

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. UNITED ACCESS, L.L.C.

(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

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

43-1941064

3. (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)

500 NORTHWEST PLAZA DR., STE 900

500 NORTHWEST PLAZA DR., STE 900

5. (Street Address of Principal Office)

6. (Mailing Address)

ST. LOUIS, MO. 63074

ST. LOUIS, MO. 63074

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

Name:

C T CORPORATION SYSTEM

Office Address:

1200 SOUTH PINE ISLAND ROAD

PLANTATION

(City)

33324

, 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.

By: C T Corporation System

(Registered agent's signature)

Tracy Kellner Assistant
Secretary

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: JONH BEERING
☐ Member Address: 500 Northwest Plaza Dr, Ste 900
☐ Authorized St. Louis, Mo. 63074
Person
☐ Other ☐ Other

☒ Manager Name: CHAD BLAKE
☐ Member Address: 500 Northwest Plaza Dr, Ste 900
☐ Authorized St. Louis, Mo. 63074
Person
☐ Other ☐ Other

☒ Manager Name: JAMES REUTER
☐ Member Address: 500 Northwest Plaza Dr, Ste 900
☐ Authorized St. Louis, Mo. 63074
Person
☐ Other ☐ Other

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

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

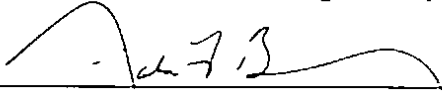
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ 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
JOHN F. BEERING

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

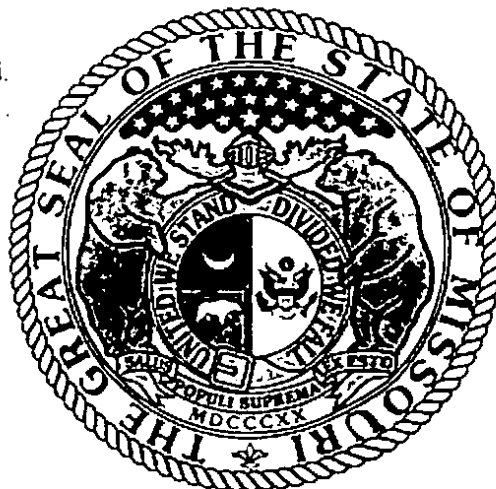
UNITED ACCESS, L.L.C.
LC0039426

A Missouri entity was created under the laws of this State on 5/22/2000, 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 2nd day of February, 2021.


Secretary of State

Certification Number: CERT-IN55749



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OFFICE OF THE SECRETARY OF STATE
JEFFERSON, MISSOURI

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