

Ma1000003274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

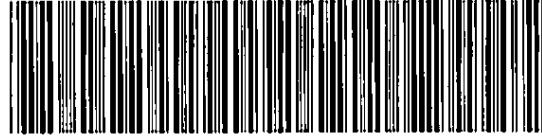
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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21 MAR 22 AM 11:56

FILED
2021 MAR 22 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 725743 4812503

AUTHORIZATION :

COST LIMIT

[Signature]
\$125.00

ORDER DATE : March 22, 2021

ORDER TIME : 12:02 PM

ORDER NO. : 725743-005

CUSTOMER NO: 4812503

FOREIGN FILINGS

NAME: CONTROL DEVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Control Devices, 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:

Amra Hosoi

Name of Person

Faegre Drinker Biddle & Reath LLP

Firm/Company

2200 Wells Fargo Center, 90 South Seventh Street

Address

Minneapolis, MN 55402

City/State and Zip Code

amra.hosoi@faegredrinker.com

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

For further information concerning this matter, please call:

Amra Hosoi

612 766-8756
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. Control Devices, 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. 56-2660215
(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. 1555 Larkin Williams Road 6. 1555 Larkin Williams Road
(Street Address of Principal Office) (Mailing Address)
Fenton, Missouri 63026 Fenton, Missouri 63026

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301
(City) (Zip code)
Florida

FILED
2021 MAR 22 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FL

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: Corporation Service Company [Signature]
(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]:

Title or Capacity: _____ **Name and Address:** _____
☐ Manager Name: Scott Kerns
☐ Member Address: 1555 Larkin Williams Road
☐ Authorized Fenton, Missouri 63026
Person _____
☒ Other CEO, Sec. Treasu ☐ Other _____

☐ Manager Name: Daniel Lammers
☐ Member Address: 1555 Larkin Williams Road
☐ Authorized Fenton, Missouri 63026
Person _____
☒ Other Prod. Dev. Dir ☐ Other _____

☐ Manager Name: Timothy Johnson
☐ Member Address: 1555 Larkin Williams Road
☐ Authorized Fenton, Missouri 63026
Person _____
☒ Other VP ☐ Other _____

Title or Capacity: _____ **Name and Address:** _____
☐ Manager Name: Mitch Leonard
☐ Member Address: 1555 Larkin Williams Road
☐ Authorized Fenton, Missouri 63026
Person _____
☒ Other CFO ☐ Other _____

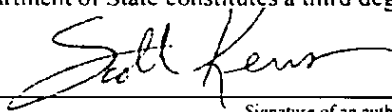
☐ Manager Name: James Norris
☐ Member Address: 1555 Larkin Williams Road
☐ Authorized Fenton, Missouri 63026
Person _____
☒ Other VP of Sales ☐ Other _____

☐ Manager Name: Jason T. Brass
☐ Member Address: 1555 Larkin Williams Road
☐ Authorized Fenton, Missouri 63026
Person _____
☒ Other VP and Asst. Sec. ☐ 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

Scott Kerns

Type or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONTROL DEVICES, 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 TWENTY-SECOND DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONTROL DEVICES, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF MAY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



4356339 8300

SR# 20210986667

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202786443

Date: 03-22-21