

10000004005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

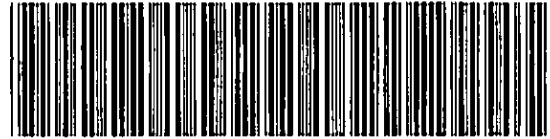
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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21 APR -5 PM 12:48

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

APR 21 2021

5085-1000

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Exact Shell Dash, 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:

Caleb Buland

Name of Person

Exact Architects

Firm/Company

6757 N National Drive

Address

Parkville, MO 64152

City/State and Zip Code

caleb@exactarchitects.com

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

For further information concerning this matter, please call:

Caleb Buland

816

7852265

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2021

CALEB BULAND  
6757 N NATIONAL DR  
PARKVILLE, MO 64152

SUBJECT: EXACT SHELL DASH, LLC  
Ref. Number: W21000034805

We have received your document for EXACT SHELL DASH, 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):

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 021A00005534

RECEIVED  
APR 05 2021

**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. Exact Shell Dash, 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. Formed in Missouri 2/22/21  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6757 N National Drive  
(Street Address of Principal Office)

6. \_\_\_\_\_  
(Mailing Address)

Parkville, MO 64152

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

Name: Bob Mayer

Office Address: 8911 Blind Pass Road, Unit 219

St Pete Beach, Florida FL  
(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.*

  
(Registered agent's signature)

FILED  
21 APR -5 PM 12:48  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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: Caleb Buland

☒ Member                      Address: 6757 N National Drive

☐ Authorized                      Parkville, MO 64152

Person

☐ Other                      ☐ Other

☐ Manager                      Name:

☐ Member                      Address:

☐ Authorized

Person

☐ Other                      ☐ Other

☐ Manager                      Name:

☐ Member                      Address:

☐ Authorized

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

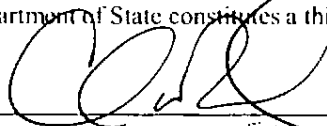
Person

☐ 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

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

# STATE OF MISSOURI



John R. Ashcroft  
Secretary of State

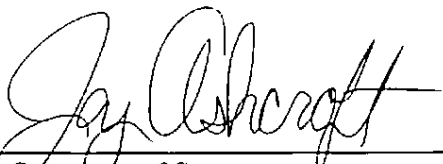
## CERTIFICATE OF GOOD STANDING

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

**Exact Shell Dash, LLC**  
**LC1764925**

A Missouri entity was created under the laws of this State on 2/22/2021, 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 1st day of April, 2021.

  
Secretary of State

Certification Number: CERT-IN72381

