

M21006004518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

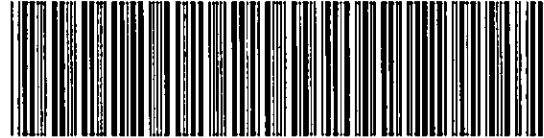
(Business Entity Name)

(Document Number)

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SBF  
4/17/21

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FCStone Merchant Services, 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:

David A. Bolte
Name of Person
FCStone Merchant Services, LLC
Firm/Company
1075 Jordan Creek Parkway - Suite 300
Address
West Des Moines, Iowa 50266
City/State and Zip Code
david.bolte@stonex.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David A. Bolte at ( 515 ) 223-3797

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. FCStone Merchant Services, 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

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

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

5. 1251 NW Briarcliff Parkway  
(Street Address of Principal Office)

6. 1075 Jordan Creek Parkway  
(Mailing Address)

Suite 800

Suite 300

Kansas City, MO 64116

West Des Moines, IA 50266

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

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408  
(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.



Courtney Nanke, Special Secretary

(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: David A. Bolte

☐ Member Address: 1075 Jordan Creek Parkway

☒ Authorized Suite 300

Person West Des Moines, IA 50266

☐ Other ☐ Other

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

☒ Manager Name: Brent Grecian

☐ Member Address: 1251 NW Briarcliff Parkway

☐ Authorized Suite 800

Person Kansas City, MO 64116

☐ Other ☐ Other

☒ Manager Name: William J. Dunaway

☐ Member Address: 1251 NW Briarcliff Parkway

☐ Authorized Suite 800

Person Kansas City, MO 64116

☐ Other ☐ Other

☒ Manager Name: Xuong Nguyen

☐ Member Address: 230 South LaSalle

☐ Authorized Suite 10-500

Person Chicago, IL 60604

☐ Other ☐ Other

☒ Manager Name: David C. Smoldt

☐ Member Address: 1251 NW Briarcliff Parkway

☐ Authorized Suite 800

Person Kansas City, MO 64116

☐ Other ☐ Other

☐ Manager Name: StoneX Group Inc.

☒ Member Address: 230 Park Avenue

☐ Authorized 10th Floor

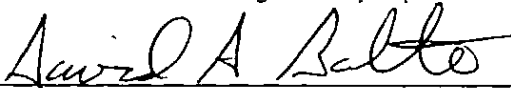
Person New York, NY 10169

☐ 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

David A. Bolte, Secretary and Authorized Person

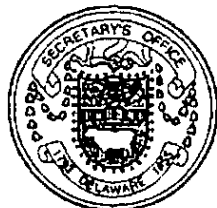
Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "FCSTONE MERCHANT SERVICES, 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-FOURTH DAY OF MARCH, A.D. 2021.



3720053 8300

SR# 20211021377

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202808244

Date: 03-24-21