

M21000006893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

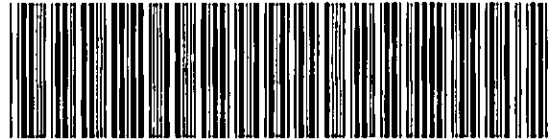
(Business Entity Name)

(Document Number)

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

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2021 MAY 13 PM 2:33  
CLERK OF STATE  
OF ARIZONA

JUN - 8 2021

M. SOLOMON

COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Baker Commercial Properties 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:

Evelyn Sims

\_\_\_\_\_  
Name of Person

Wasinger Daming

\_\_\_\_\_  
Firm/Company

1401 S. Brentwood Blvd., Suite 875

\_\_\_\_\_  
Address

St. Louis, MO 63144

\_\_\_\_\_  
City/State and Zip Code

esims@wasingerdaming.com

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Evelyn Sims

314

338-8305

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. Baker Commercial Properties LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

Baker Commercial Properties - 1028 SE 9th Street 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. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 11681 Eddie and Park Road  
(Street Address of Principal Office)

6. 1307 SE 16th Street  
(Mailing Address)

St. Louis, MO 63126

Cape Coral, FL 33990

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

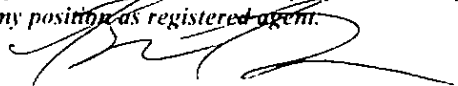
Name: Brian Baker

Office Address: 1307 SE 16th Street

Cape Coral, Florida 33990  
(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)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILE

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]:

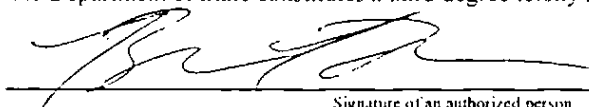
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Brian Baker</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1307 SE 16th Street</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Cape Coral, FL 33990</u>	<input type="checkbox"/> Authorized	_____
Person	_____	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 _____
<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 _____

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

**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

Brian Baker, Manager

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



**State of Missouri**

**John R. Ashcroft Secretary of State**

Corporations Division  
PO Box 778 / 600 W.Main St., Rm. 322  
Jefferson City, MO 65102

LC1786736  
Date Filed: 05/11/2021  
John R. Ashcroft  
Missouri Secretary of State

## Articles of Organization

**Reference Number** SR326467

**Receipt Number** TR1325103

**1. The name of the limited liability company is:** Baker Commercial Properties LLC

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

Ownership of commercial property, and other lawful business.

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

**Name** Evelyn I Sims

**Address** 1401 S. Brentwood Blvd., CIBC Place, Suite 875, St. Louis, Missouri, 63144, United States

**4. The address of its principal place of business is:**

11681 Eddie and Park Rd, Saint Louis, Missouri, 63126, United States

**5. The management of the limited liability company is vested in:**

Manager

**6. 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:**

5/11/2021

**7. 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

**8. The name(s) and street address(es) of each organizer:**

**Name** Evelyn Sims

**Address** 1401 South Brentwood Blvd, Suite 875, Brentwood, Missouri, 63144, United States

### **In Affirmation thereof, the facts stated above are true and correct:**

The undersigned believes the statements presented in this filing are true and correct to the best of their knowledge and belief, they are subject to the penalties provided under section 575.040 RSMo. for making a false declaration under Section 575.060 RSMo

The undersigned agrees and represents that he/she is authorized to execute this document

**Name** Evelyn Sims

**Title** Organizer

**Date** 05/11/2021

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

## CERTIFICATE OF ORGANIZATION

WHEREAS,

**Baker Commercial Properties LLC**

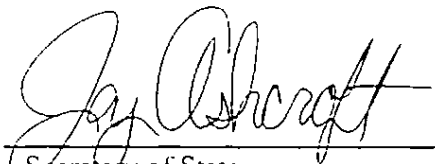
**LC1786736**

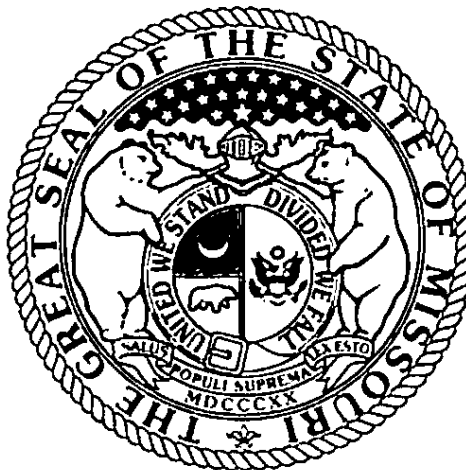
filed its Articles of Organization with this office on the 11th day of May, 2021, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, John R. Ashcroft, 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 11th day of May, 2021, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

Effective Date: May 11, 2021

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 11th day of May, 2021.

  
Secretary of State



# STATE OF MISSOURI



John R. Ashcroft  
Secretary of State

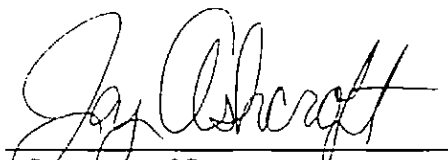
## CERTIFICATE OF GOOD STANDING

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

**Baker Commercial Properties LLC**  
**LC1786736**

A Missouri entity was created under the laws of this State on 5/11/2021, 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 11th day of May, 2021.

  
Secretary of State

Certification Number: CERT-IN81832

