

Jun. 23. 2021 11:49AM

No. 0413 P. 1

# M21000007946

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H21000244252 3)))



H210002442523ABOV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : PETERSON & MYERS PA  
Account Number : 120080000078  
Phone : (863)683-6511  
Fax Number : (863)688-8099

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: rob.oyler@wanrack.com

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2021 JUN 23 PM 4:20

FILED

Foreign Limited Liability Company  
WANrack Holdings, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

RECEIVED  
2021 JUN 23 AM 11:57

Electronic Filing Menu

Corporate Filing Menu

Help

Jun. 23. 2021 11:49AM

No. 0418 P. 2

((H21000244252 3)))

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WANrack Holdings 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:

Amanda Walls

Name of Person

Peterson & Myers PA

Firm/Company

PO Box 24628

Address

Lakeland FL 33802-4628

City/State and Zip Code

rob.oyle@wanrack.com

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

For further information concerning this matter, please call:

Amanda Walls

Name of Contact Person

at (863) 683-6511

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

((H21000244252 3)))

(((H21000244252 3)))

**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. WANrack Holdings LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware

(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 603.0904 & 603.0905, F.S., to determine penalty liability))

5. 15700 College Blvd, Suite 200  
(Street Address of Principal Office)

6. 15700 College Blvd, Suite 200  
(Mailing Address)

Lenexa, KS 66219

Lenexa, KS 66219

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

Name: Steve Senn

Office Address: 225 E. Lemon Street, Suite 300

Lakeland

(City)

, Florida 33813

(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)

(((H21000244252 3)))

2021 JUN 23 PM 4:25  
FILED  
SECRETARY OF STATE  
ALLAHADISI, FLORIDA

(((H21000244252 3)))

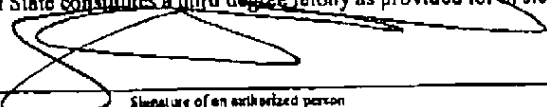
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Rob Oyler</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>15700 College Blvd., Ste. 200</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Lenexa, KS 66219</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 _____

**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

Stephen R. Senn, an authorized person

Typed or printed name of signer

(((H21000244252 3)))

((H21000244252 3)))

# Delaware

The First State

Page 1

I, **JEFFREY W. BULLOCK**, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "WANRACK HOLDINGS 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 FOURTEENTH DAY OF JUNE, A.D. 2021.

FILED  
2021 JUN 23 PM 4:26  
TALLAHASSEE, FLORIDA



6570561 8300

SR# 20212442790

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

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203444026

Date: 06-14-21

((H21000244252 3)))