

M21000016484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

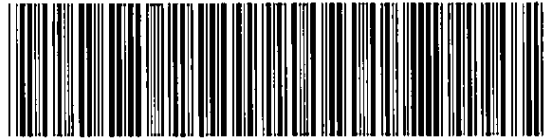
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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APPROVED
AND
FILED

2021 DEC -7 AM 9:53

SECRETARY OF STATE
FALLS CHURCH, VA 22036

RECEIVED

2021 DEC -7 PM 3:17


COMMUNICATIONS SECTION

DEC 07 2021

K. Brumbley

FILE 2ND

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

ACCOUNT NO. : I20000000195
REFERENCE : 252786 7805418
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : November 17, 2021
ORDER TIME : 2:31 PM
ORDER NO. : 252786-050
CUSTOMER NO: 7805418

FOREIGN FILINGS

NAME: DENT WIZARD INTERNATIONAL
CORPORATION, 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: Eyliena Baker -- EXT#

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dent Wizard International Corporation, 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:

Name of Person

Corporate Service Company

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____

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**

**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. Dent Wizard International Corporation, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

Dent Wizard International, 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. 58-2416024
(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. 4710 Earth City Expressway 6. 4710 Earth City Expressway
(Street Address of Principal Office) (Mailing Address)
Bridgeton, MO 63044-3831 Bridgeton, MO 63044-3831

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) , Florida (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Corporation Service Company

By: Eylina B. B. B.
(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: See Attached James Powers

☐ Member Address: 12400 Bentley View Court,

☐ Authorized Creve Coeur, MO 63141-6382

Person _____

☒ Other CFO ☐ Other _____

☐ Manager Name: Addison Thomas

☐ Member Address: 11 Deer Creek Woods, St. Louis,

☐ Authorized MO, 63124-1411

Person _____

☒ Other COO ☐ Other _____

☐ Manager Name: Scott Mueller

☐ Member Address: 37777 South Woodland Road,

☐ Authorized Chagrin Falls, OH 44022-6819

Person _____

☒ Other Executive Vice President ☐ Other _____

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

☐ Manager Name: Michael Black

☐ Member Address: 850 Banyan Court,

☐ Authorized Marco Island, FL 34145-5714

Person _____

☒ Other CEO, President ☐ Other _____

☐ Manager Name: Tammy Conner

☐ Member Address: 2 Justin Drive, Columbia,

☐ Authorized IL 62236-1981

Person _____

☒ Other Senior Vice President, Secretary ☐ Other _____

☐ Manager Name: Dean Mueller

☐ Member Address: 31680 Lake Road, Avon Lake,

☐ Authorized OH 44012-2081

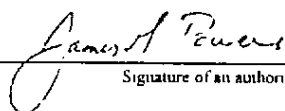
Person _____

☒ Other Executive Vice President ☐ 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

James Powers

Typed or printed name of signer

**DENT WIZARD INTERNATIONAL CORPORATION, LLC
SCHEDULE OF CORPORATE OFFICERS & MEMBERS
AT CONVERSION 2021**

<u>Name</u>	<u>Title</u>	<u>Home Residence Address</u>
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Dean Mueller	Executive Vice President	31680 Lake Road, Avon Lake, OH 44012-2081
Steven Raguz	Executive Vice President, Treasurer	29251 Graystone Drive, Westlake, OH 44145-3072
Matthew Bittner	Vice President	8274 Poplar Way, Chagrin Falls, OH 44023-4725
Debra Sibila	Vice President	12130 Lyndway Drive, Valley View, OH 44125-5508

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DENT WIZARD INTERNATIONAL CORPORATION, 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DENT WIZARD INTERNATIONAL CORPORATION, LLC" WAS FORMED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 1998.

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



2944669 8300

SR# 20213827162

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

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

Authentication: 204719294

Date: 11-17-21