

M22000007143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

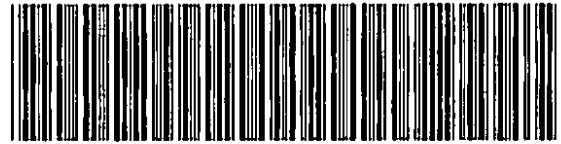
(Document Number)

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03/30/22--01015--002 **125.00

S. FRANKLIN

MAY 09 2022

2022 MAY -4 PM 7:30

COVER LETTER

TO: Registration Section
Division of Corporation

SUBJECT: Snapcom 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:

Nathan Williams

Name of Person

Inteserra Consulting Group, Inc.

Firm/Company

151 Southhall Lane, Suite 450

Address

Maitland, FL 32751

City/State and Zip Code

nwilliams@fastektax.com

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

For further information concerning this matter, please call:

Matt W. Dean

Name of Contact Person

at (405) 479-4649

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

2022 MAY -4 PM 7:30

**APPLICATION FOR 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. Snapcom 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 3. 82-1662512
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 7-1-2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 134 Enchanted Parkway 6. 134 Enchanted Parkway
(Street Address of Principal Office) (Mailing Address)
Manchester, MO 63021 Manchester, MO 63021

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

Name: Incorp Services, inc.

Office Address: 17888 67th Court North

Loxahatchee Florida 33470
(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.

/s/ Isabel Burgos

Registered agent's signature)

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

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

☐ Manager Name: Richard B. Hall

☒ Member Address: 140 Enchanted Parkway

☐ Authorized Suite 100, Manchester, MO 63021

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manger Name: Bret Schnitker

☒ Member Address: 140 Enchanted Parkway

☐ Authorized Suite 100, Manchester, MO 63021

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: Cindy Berry

☒ Member Address: 140 Enchanted Parkway

☐ Authorized Suite 100, Manchester, MO 63021

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manger Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manger 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.

/s/ Richard B. Hall

Signature of an authorized person

Richard B. Hall

Typed or printed name of signer

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

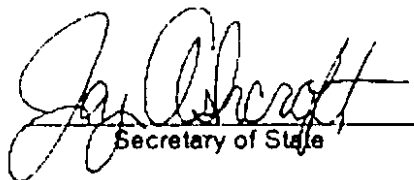
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

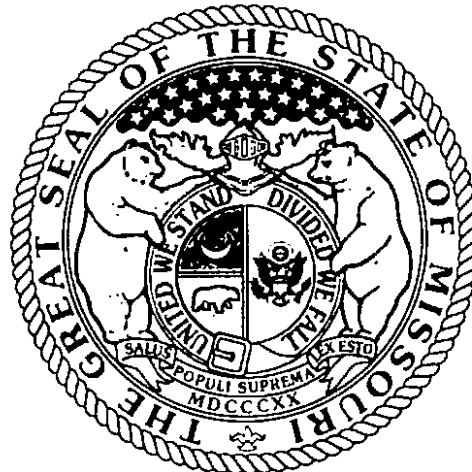
Snapcom LLC
LC001540552

was created under the laws of this State on the 23rd day of May, 2017, and is active, having fully complied with all requirements of this office.

2022 MAY -4 PM 7:30

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, this 18th day of March, 2022.


Secretary of State



Certification Number: CERT-03182022-0098



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2022

NATHAN WILLIAMS
151 SOUTHHALL LANE STE 450
MAITLAND, FL 32751 US

SUBJECT: SNAPCOM LLC
Ref. Number: W22000050819

We have received your document for SNAPCOM LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 622A00008903

RECEIVED
MAY 11 2022