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(Re	questor's Name)	
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Office Use Only



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COVER LETTER

TO:

Registration Section

Divis	ion of Corporation	5					
SUBJECT: _	SE3, LLC						
		Name of I	Limited Liability	Company			
		eign Eimited Liability Comp I to register the above refere					
Please return a	ill correspondence co	oncerning this matter to the	following:				
	Matthew Gauntt	t					
	Name of Person						
	SE3, LLC						
	Firm/Company						
	13747 Montfort Drive, Suite 275						
			Address				
	Dallas / TX 752	40					
City/State and Zip Code						•	
	mgauntt@se3.us						
		E-mail address: (to be used	for future annual	report notifica	tion)	•	
For further infe	ormation concerning	this matter, please call:					
Mani	hew Gauntt		214 at (396-8931			
	Name of	Contact Person	Area Code	Daytime	Telephone Number	_	
Divis Regis P.O. 1	LING ADDRESS: ion of Corporations stration Section Box 6327 hassee, FL 32314			STREET AD Division of Co Registration S Clifton Buildi 2661 Executiv Tallahassee, F	orporations lection ng ve Center Circle		
	osed is a check for the e make check payabl	c following amount: lc to: FLORIDA DEPART	MENT OF STA	TE			
2 🗆	125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Sta		Filing Fee & ed Copy	\$160.00 Filing of Status & Cer		

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:

foreign lainted hability company is organized)	3.	1307980 (FEI number, if app	plicable)	
foreign limited hability company is organized)		(FEI number, if app	olicable)	
		(FEI number, if applicable)		
(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration. sine pensity I	ability)		
0 Hwy	,	8401 East State Route 350 Hwy		
::pel Office}	6	(Mailing Address)		
		Kansas City, MO 64133		
REGISTERED AGENTS INC.	NOT &		UL -6 AM	
901 4TH ST N STE 300			ල: 5	
ST PETERSBURG		33702	» '	
(City)		(Zip code)		
	(See sections 605 0904 & 603,0905, F.S. to determ O Hwy pal Office) REGISTERED AGENTS INC. 901 4TH ST N STE 300 ST PETERSBURG	(See sections 603 0904 & 603.0905, F.S. to determane penalty in the Office) Of Florida registered agent: (P.O. Box NOT acceptable) REGISTERED AGENTS INC. 901 4TH ST N STE 300 ST PETERSBURG	Kansas City, MO 64133 Florida registered agent: (P.O. Box NOT acceptable) REGISTERED AGENTS INC. 901 4TH ST N STE 300 ST PETERSBURG 33702 , Florida	

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: Title or Capacity: Name and Address: Name: Vernal Stewart Matthew Gauntt Manager Manager Address: ______8401 E State Route 350 Hwy 13747 Montfort Drive Member ☐ Member Address: Kansas City, MO 64133 Suite 275 Authorized Authorized Dallas, TX 75240 Person Person Other____ Other_ Other____ Other Name: Jason Martin Name: ____Raymond Kumapley Manager Manager Address: ___ 1111 Burlington Ave ☐ Member Member Address: Suite 111 Suite III Authorized Authorized Lisle, IL 60532 Lisle, IL 60532 Person Person Other Other Other____ Other Manager Manager Name: Name: Address: Member Address: _____ Member Authorized ☐ Authorized Person Person Other Other Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 falony as provided for in s.817.155, F.S. Matthew Gauntt

Typed or printed name of signee

STATE OF MISSOUR



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

SE3, LLC LC0595783

was created under the laws of this State on the 28th day of June, 2004, and is active, having fully complied with all 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, this 28th day of June, 2022.

Secretary of Stale

Certification Number: CERT-06282022-0055