

M2200012546
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

2022 AUG 10 PM 2:15

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

Email Address: _____

**Foreign Limited Liability Company
Atrium Realty, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2022 AUG 10 PM 1:29

S. FRANKLIN

((H22000270391 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. Atrium Realty, 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
(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. _____
(Street Address of Principal Office)

1400 Forum Blvd, Suite 19A

Columbia, MO 65203

6. _____
(Mailing Address)

1400 Forum Blvd, Suite 19A

Columbia, MO 65203

2024. 10 PM 2:15

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

Name. LEGALINC CORPORATE SERVICES INC.

Office Address. 5237 SUMMERLIN COMMONS BLVD, STE 400

FORT MYERS, Florida 33907
(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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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. Realty Search Solutions Network

Member Address. 1400 Forum Blvd, Ste 19A

Authorized Columbia, MO 65203

Person _____

Other _____ Other _____

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

Manager Name. Samantha Reeves

Member Address. 1400 Forum Blvd, Ste 19A

Authorized Columbia, MO 65203

Person _____

Other _____ Other _____

Manager Name. Barby Wulff

Member Address. 1400 Forum Blvd, Ste 19A

Authorized Columbia, MO 65203

Person _____

Other _____ Other _____

Manager Name. _____

Member Address. _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name. _____

Member Address. _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____


Other _____ Other _____

2/24/22 11:21:15 AM

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.

DocuSigned by:

 45AC6F-75DC6498 Signature of an authorized person

Samantha Reeves

 Typed or printed name of signee

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STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

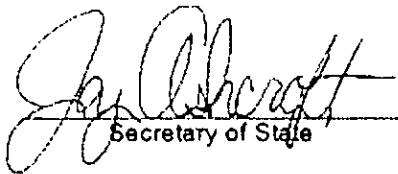
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

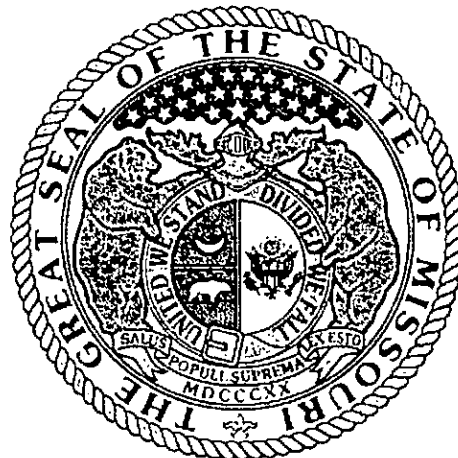
Atrium Realty, LLC
LC014396541

was created under the laws of this State on the 4th day of August, 2022, and is active, having fully complied with all requirements of this office.

024.10.10 PM 2:15

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 4th day of August, 2022.


Secretary of State



Certification Number: CERT-08642022-0096

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