

9/29/22, 9:35 AM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****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 Cooperative Building Solutions, LLC

| | |
|-----------------------|----------|
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S. ROBERTS

SEP 29 2022

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Cooperative Building Solutions, 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. Missouri 3. 27-0338423
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 09/22/22
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 77 Westport Plaza, Suite 250, 6. 77 Westport Plaza, Suite 250,
(Street Address of Principal Office) (Mailing Address)
St. Louis, Missouri 63146, United States St. Louis, Missouri 63146, United States

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

By: C T Corporation System Kaity Toon Kaity Toon, Asst Secretary
(Registered agent's signature)

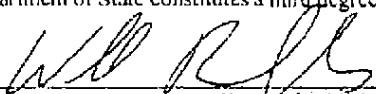
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <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>Joseph P. McKee III</u> | <input type="checkbox"/> Manager | Name: <u>Tim Masa</u> |
| <input type="checkbox"/> Member | Address: <u>77 Westport Plaza, Suite 250,</u> | <input type="checkbox"/> Member | Address: <u>77 Westport Plaza, Suite 250</u> |
| <input type="checkbox"/> Authorized | <u>St. Louis, Missouri 63146, United States</u> | <input type="checkbox"/> Authorized | <u>St. Louis, Missouri 63146, United States</u> |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: <u>Keith Wolkoff</u> | <input type="checkbox"/> Manager | Name: <u>Craig Wail</u> |
| <input type="checkbox"/> Member | Address: <u>77 Westport Plaza, Suite 250</u> | <input type="checkbox"/> Member | Address: <u>77 Westport Plaza, Suite 250</u> |
| <input checked="" type="checkbox"/> Authorized | <u>St. Louis, Missouri 63146, United States</u> | <input checked="" type="checkbox"/> Authorized | <u>St. Louis, Missouri 63146, United States</u> |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: <u>Will Douglas</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: <u>77 Westport Plaza, Suite 250</u> | <input type="checkbox"/> Member | Address: _____ |
| <input checked="" type="checkbox"/> Authorized | <u>St. Louis, Missouri 63146, United States</u> | <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

Will Douglas

 Typed or printed name of signer

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

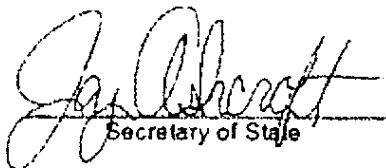
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

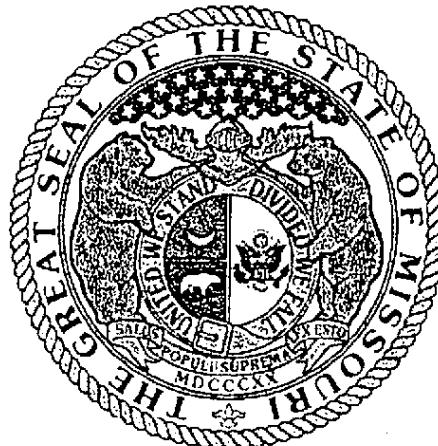
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Cooperative Building Solutions, LLC
LC0972824

was created under the laws of this State on the 3rd day of June, 2009, 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 7th day of September, 2022.


Secretary of State



Certification Number: CERT-09072022-0079