

M220000615148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

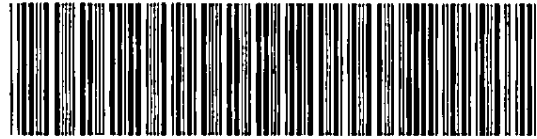
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600395007686

09/25/22--01032--012 **125.00

FILED
2022 SEP 26 PM 3:42
T. LEMIEUX
SEP 26 2022

T. LEMIEUX

SEP 30 2022

EVANS & DIXON^{LLC}

ATTORNEYS AT LAW

4905 South National Ave. Bldg B | Springfield, Missouri 65810-2504
(417) 882-4700 | Fax (417) 882-4927

Joshua Baker
Attorney
417-799-6155 phone
314-884-4400 fax
jbaker@evans-dixon.com

September 20, 2022

Mr. Cord Byrd
Florida Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Application for Foreign Registration
Entity: Grateful For 6, LLC
State of Incorporation: Missouri

Dear Mr. Byrd:

Enclosed herein for filing, please find an Application for Foreign Registration for the Missouri limited liability company, Grateful For 6, LLC, along with a check from our firm in the amount of One Hundred Twenty-Five and No/100 Dollars (\$125.00) for the filing fee.

If you have any questions, please feel free to contact our office for assistance.

Thank you very much.

Respectfully,



Joshua R. Baker

Enclosures

xc: Ms. Jennifer Cook (*via email w/ enclosures*)
Kevin Dunaway, Esq. (*via email w/ enclosures*)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Grateful For 6, 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:

Kevin Dunaway, Esq.

Name of Person

Evans & Dixon, LLC

Fund/Company

4905 South National Avenue, Suite B

Address

Springfield, MO 65810

City/State and Zip Code

kdunaway@evans-dixon.com

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

For further information concerning this matter, please call:

Kevin Dunaway

417

882-4700

at ()

Name of Contact Person

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

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. Grateful For 6, 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

n/a

(Jurisdiction under the law of which foreign limited liability company is organized)

(FEL number, if applicable)

4. n/a

(Date last transacted business in Florida, if prior to registration;
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

7026 Lawrence 1118

7026 Lawrence 1118

(Street Address of Principal Office)

(Mailing Address)

Mount Vernon, Missouri 65712

Mount Vernon, Missouri 65712

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

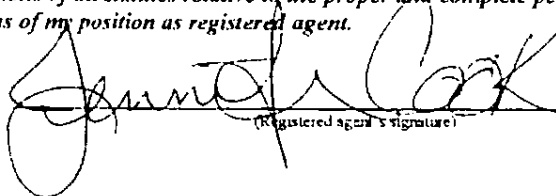
Name Jennifer Cook

Office Address: 2489 Bungalo Lane

Miramar Beach 32550
(City) , Florida (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)

FILED
2022 SEP 26 PM 3:42
TALLAHASSEE, FLORIDA

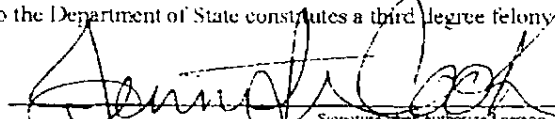
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

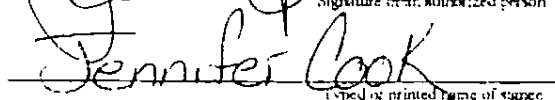
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Terrance Cook	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 2489 Bungalow Lane	<input checked="" type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Miramar Beach, FL 32550	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Jennifer Cook	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 2489 Bungalow Lane	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Miramar Beach, FL 32550	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Kevin H. Dunaway, Esq.	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 4905 S. National Ave, Ste. B	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Springfield, MO 65810	<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


 Typed or printed name of signer

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

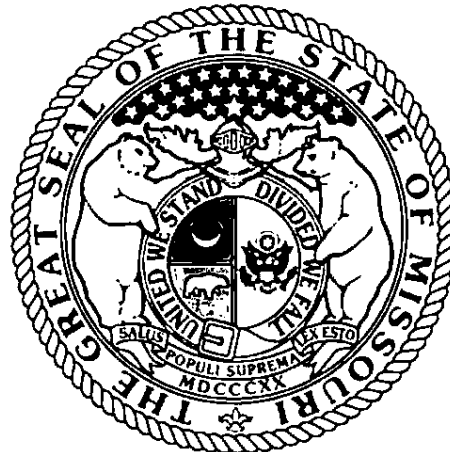
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Grateful For 6, LLC
LC014406717

was created under the laws of this State on the 19th day of September, 2022, 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 19th day of September, 2022.


Secretary of State



Certification Number: CERT-09192022-0123