

M23000005793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

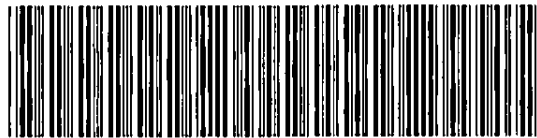
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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APR 24 PM 3:51



**DANNA MCKITRICK, P.C.**  
**ATTORNEYS AT LAW**

7701 Forsyth Blvd., Suite 1200  
St. Louis, MO 63105  
314.726.1000  
636.946.2203  
f 314.725.6592

Heather L. Bené  
Paralegal  
Direct: (314) 889-7136  
E-Mail: hbene@dmfirm.com

April 14, 2023

**Sent Via Certified Mail 9171 9690 0935 0189 7717 12**

Florida Department of State  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Our File Name: Clar-Vern Investment Property, LLC  
Our File No.: 19388-0122

Dear Sir or Madam:

Enclosed please find the following documents for Clar-Vern Investment Property, LLC:

1. Application by Foreign LLC for Authorization to Transact Business in Florida.
2. Missouri Certificate of Good Standing.
3. Our firm's check in the amount of \$125.00.

In the enclosed envelope, please return a file stamped copy of the Application to me.

If you have any questions, please do not hesitate to contact me.

Thank you very much.

Sincerely,

DANNA MCKITRICK, P.C.

HEATHER L. BENE  
Paralegal

HLB:hlb  
Enclosure

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Clar-Vern Investment Property, L.L.C.  
\_\_\_\_\_

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:

Heather Bene  
\_\_\_\_\_

Name of Person

Danna McKittrick, P.C.  
\_\_\_\_\_

Firm/Company

7701 Forsyth Blvd., Suite 1200  
\_\_\_\_\_

Address

St. Louis, MO 63105  
\_\_\_\_\_

City/State and Zip Code

victoria.j.briggs@charter.net  
\_\_\_\_\_

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

For further information concerning this matter, please call:

Cheryl Beebe-Snell  
\_\_\_\_\_

314  
at (\_\_\_\_\_) \_\_\_\_\_

889-7126

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. Clar-Vern Investment Property, 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. 92-3438569  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 166 Noahs Mill Dr. 6. Same  
(Street Address of Principal Office) (Mailing Address)

Lake St. Louis, MO 63367

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)

FILED  
2023 APR 24 PM 3:51  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

**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)  
Rose Song, Assistant Secretary

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: Victoria J. Briggs

☐ Member Address: 166 Noahs Mill Dr.

☐ Authorized Lake St. Louis, MO 63367

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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

☒ Manager Name: Lisa Schaefer

☐ Member Address: ~~166 Noahs Mill Dr.~~ 740 LORETTA

☐ Authorized ~~Lake St. Louis, MO 63367~~

Person OFALLON 63367

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager 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.

Victoria J. Briggs  
Signature of authorized person

Victoria J. Briggs

Typed or printed name of signee

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

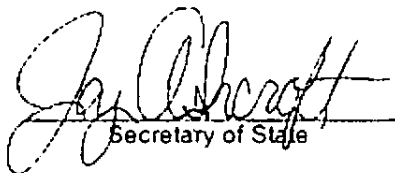
**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

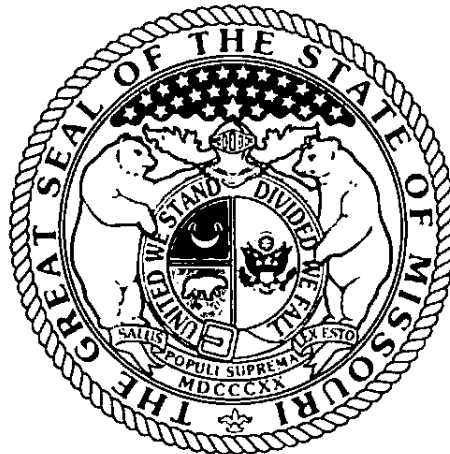
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

*Clar-Vern Investment Property, LLC*  
*LC014427328*

was created under the laws of this State on the 23rd day of December, 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 11th day of April, 2023.

  
Secretary of State



Certification Number: CERT-04112023-0081

**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. Clar-Vern Investment Property, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

5. 166 Noahs Mill Dr. 6. Same  
(Street Address of Principal Office) (Mailing Address)

Lake St. Louis, MO 63367

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

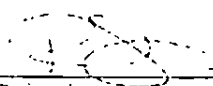
Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324  
(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)

Rose Song, Assistant Secretary

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: Victoria J. Briggs

☐ Member Address: 166 Noans Mill Dr.

☐ Authorized Lake St. Louis, MO 63367

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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

☒ Manager Name: Lisa Schaefer

☐ Member Address: ~~166 Noans Mill Dr.~~ 740 LORETTA

☐ Authorized ~~Lake St. Louis, MO 63367~~

Person OFALLON 63366

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

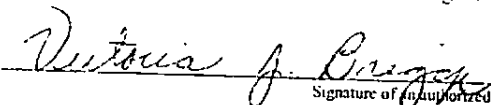
Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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Signature of an authorized person

Victoria J. Briggs

Typed or printed name of signer



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Clar-Vern Investment Property, LLC

\_\_\_\_\_  
Name of Limited Liability Company

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Please return all correspondence concerning this matter to the following:

Heather Bene

\_\_\_\_\_  
Name of Person

Danna McKittrick, P.C.

\_\_\_\_\_  
Firm/Company

7701 Forsyth Blvd., Suite 1200

\_\_\_\_\_  
Address

St. Louis, MO 63105

\_\_\_\_\_  
City/State and Zip Code

victoria.j.briggs@charter.net

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

For further information concerning this matter, please call:

Cheryl Beebe-Snell

314

889-7126

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

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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

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

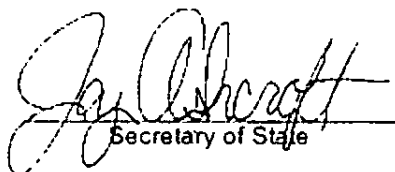
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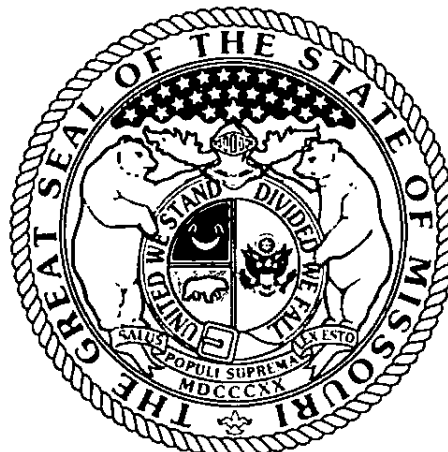
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*Clur-Vern Investment Property, LLC*  
*LC014427328*

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Secretary of State



Certification Number: CERT-04112023-0081