

M23000005793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

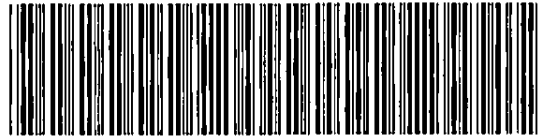
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
APR 24 PM 3:51

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.

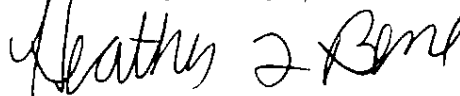
In the enclosed envelope, please return a file stamped copy of the Application to me.

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, 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:

Heather Bene
Name of Person
Danna McKitrick, 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 at (314) 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)

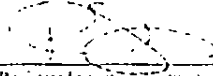
5. 166 Noahs Mill Dr. 6. Same
(Street Address of Principal Office) (Mailing Address)
Lake St. Louis, MO 63367

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
TALLAHASSEE, FL

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: 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: Manager Name: Lisa Schaefer
 Member Address: ~~166 Noahs Mill Dr.~~ 740 LORETTA
 Authorized Lake St. Louis, MO 63307
 Person O'FALLON 63306
 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

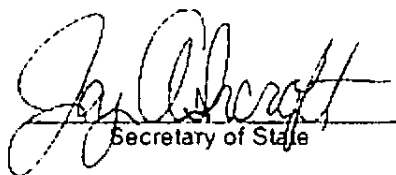
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

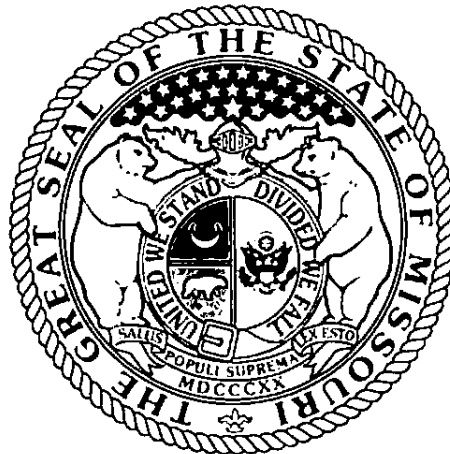
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

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.")

(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)

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 63307
 Person O'FALLON 63366
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

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Victoria J. Briggs
 Signature of authorized person

Victoria J. Briggs
 Typed or printed name of signee

COVER LETTER

**TO: Registration Section
Division of Corporations**

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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 at (314) 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

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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

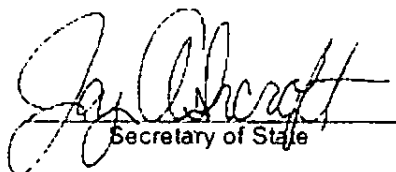
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

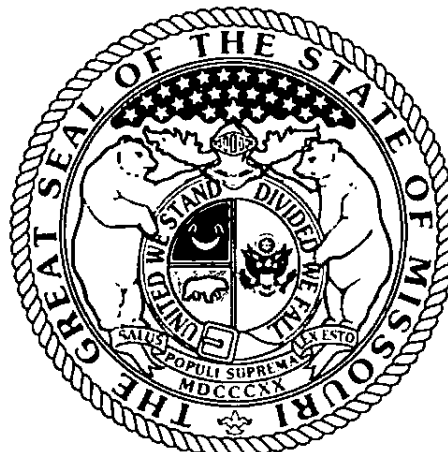
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Clur-Vern Investment Property, LLC
LC014427328

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Secretary of State



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