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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

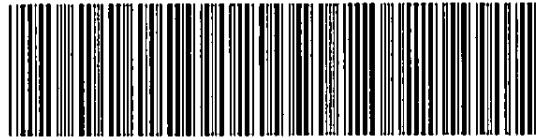
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HUSCH BLACKWELL

Erin P. Connelly

8001 Forsyth Boulevard, Suite 1500
St. Louis, MO 63105
Direct: 314.345.6675
Fax: 314.480.1505
Erin.Connelly@huschblackwell.com

May 5, 2023

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

Re: Glaize Harbor, L.L.C.

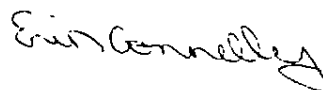
Dear Sir or Madam:

Enclosed please find for filing with your office an Application By Foreign Limited Liability Company For Authorization To Transact Business in Florida along with a copy of a Missouri Certificate of Good Standing of Glaize Harbor, L.L.C. in connection with the above-referenced matter. Also enclosed please find our firm check in the amount of \$130.00 for the filing fee. Please return a filed-stamped copy of the documents in the enclosed self-addressed return envelope.

Please contact me if you have any questions or need any additional information.

Very truly yours,

HUSCH BLACKWELL LLP



Erin P. Connelly

Encl.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Glaize Harbor, 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:

Erin Connelly

Name of Person

Husch Blackwell

Firm/Company

8001 Forsyth Blvd., Suite 1500

Address

St. Louis, Missouri 63105

City/State and Zip Code

erin.connelly@huschblackwell.com

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

For further information concerning this matter, please call:

Erin Connelly	314	345-6675
_____ Name of Contact Person	at (_____) 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. Glaize Harbor, L.L.C.
(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. William Gueck
(Street Address of Principal Office)

6. William Gueck
(Mailing Address)

1617 N. Flagler Drive, Apt. 2A

1617 N. Flagler Drive, Apt. 2A

West Palm Beach, FL 33407

West Palm Beach, FL 33407

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

Name: William Gueck

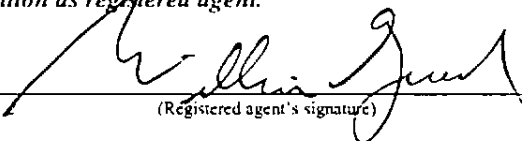
Office Address: 1617 N. Flagler Drive, Apt. 2A

West Palm Beach 33407
(City) Florida (Zip code)

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2023 MAY -9 PM 5:03
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)

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: William Gueck
☐ Member Address: 1617 N. Flagler Drive, Apt. 2A
☐ Authorized West Palm Beach, FL 33407
Person
☐ Other ☐ Other

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

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

☒ Manager Name: Mary Gueck
☐ Member Address: 1617 N. Flagler Drive, Apt. 2A
☐ Authorized West Palm Beach, FL 33407
Person
☐ Other ☐ Other

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

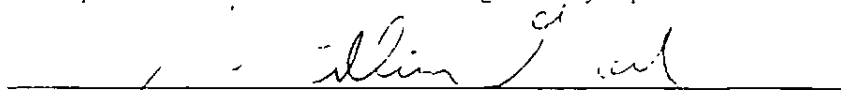
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

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

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

William Gueck

Typed or printed name of signer

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

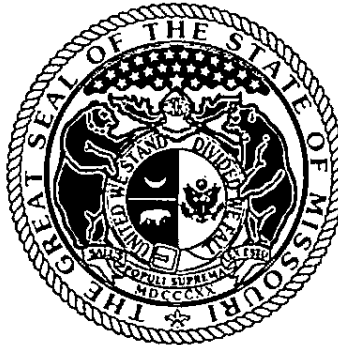
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

GLAIZE HARBOR, L.L.C.
LC0027923

was created under the laws of this State on the 6th day of May, 1999, 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 3rd day of May, 2023.


Secretary of State



Certification Number: CERT-05032023-0082