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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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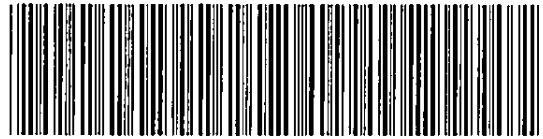
(Business Entity Name)

(Document Number)

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

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2023 JUN -9 AM 11:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Strategic Product Partners, 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:

Detra Reed

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

Central Licensing Bureau

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

1501 N University, #550

\_\_\_\_\_  
Address

Little Rock, AR 72207

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

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

For further information concerning this matter, please call:

Detra Reed

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

at ( 501 )

\_\_\_\_\_  
Area Code

664-8044

\_\_\_\_\_  
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. Strategic Product Partners, 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. Iowa 46-2910518  
(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. 5465 Mills Civic Parkway, #400B 5465 Mills Civic Parkway, #400B  
(Street Address of Principal Office) (Mailing Address)

West Des Moines, IA 50266 West Des Moines, IA 50266

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

Name: NRAI Services, Inc.

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.

*John Reed, Asst. Secretary*  
(Registered agent's signature)

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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: ACS Investors, Inc.

☒ Member Address: 508 Grand Oaks Drive

☐ Authorized West Des Moines, IA 50265

Person

☐ Other ☐ Other

☐ Manager Name: Michael McCoy

☒ Member Address: 4326 Oakwood Lane

☐ Authorized West Des Moines, IA 50265

Person

☐ Other ☐ Other

☒ Manager Name: Matthew Gustafson

☐ Member Address: 311 NE Mission Court

☐ Authorized Ankeny, IA 50021

Person

☐ Other ☐ Other

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

☐ Manager Name: VEP Investments

☒ Member Address: 1014 Memorial Drive

☐ Authorized Franklin, TN 37064

Person

☐ Other ☐ Other

☒ Manager Name: Steven Gaer

☐ Member Address: 163 59th Street

☐ Authorized West Des Moines, IA 50266

Person

☐ Other ☐ Other

☒ Manager Name: Scott Ivers

☐ Member Address: 12519 Diamond Ridge Court

☐ Authorized Clive, IA 50325

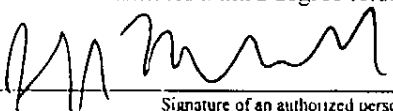
Person

☐ 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

Jeffrey S. Marshall  
Typed or printed name of signee

**IOWA SECRETARY OF STATE  
PAUL D. PATE**



**CERTIFICATE OF EXISTENCE**

Issue Date: 5/31/2023

Name: STRATEGIC PRODUCT PARTNERS, LLC (489DLC - 453796)

Date of Incorporation: 3/21/2013


Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS270202

To validate certificates visit:  
[sos.iowa.gov/ValidateCertificate](https://sos.iowa.gov/ValidateCertificate)

  
Paul D. Pate, Iowa Secretary of State