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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088 June 30, 2023 Date:_ Claudia Camilus Name:__ 2043939 Reference #:____ INDOFF, LLC Entity Name:_____ ✓ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion Dissolution/Withdrawal Fictitous Name Other _____

Authorized Amount: _ IZS. ひひ

Signature:



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: June 30), 2023	A	Account#: 120000000088
Name: Claudia	Camilus		
Reference #:	2043939		
Entity Name:	INDOFF,	LLC	
	oration/Authorization	to Transact Busines	5
Amendment			
☐ Change of Agent			
Reinstatement			
Conversion			
Merger			
☐ Dissolution/Withd	Irawal		
Fictitous Name			
Other	<u></u>		
Authorized Amount:	125.a		
Signature:	H		

COVER LETTER

TO:	Registration Section Division of Corporations	
ALD IF	Indoff, LLC	
SUBJE	T:	
The end Existen	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate e, and check are submitted to register the above referenced foreign limited liability company to transact business in Flori	of da.
Please	nturn all correspondence concerning this matter to the following:	
	Name of Person	
	Indoff, LLC	
	Firm/Company	
	11816 Lackland Road	
	Address	
	St. Louis, MO 63146	
	City/State and Zip Code	
	staff.accountant@indoff.com E-mail address: (to be used for future annual report notification)	
For fur	ter information concerning this matter, please call:	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations	
	Registration Section Registration Section	
	P.O. Box 6327 Clifton Building	
	Tallahassee, Fl. 32314 2661 Executive Center Circle Tallahassee, Fl. 32301	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	
	S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy	ate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Name of Foreign Lamited Lashibity Company: must include "Limited Lashibity Company." T. L. C. "or "LLC" or "LL		SS INTHE STATE OF FLORIDA- Indof	ff, LLC	- 	- of LC in			
Missouri O5/19/2023 (Date the foreign limited liability company is separated) O5/19/2023 (Date the immediated because or Florida, Opine to reprotation) (Stees Address of Florida Road Otteet Address of Florida Road Otteet Address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc. Name: Cogency Global Inc. Office Address: 115 North Calhoun St. Suite 4 Tallahassee (Cus) Florida 32301 (Cus) seed agent's acceptance: Ving been named as registered agent and to accept service of process for the above stated limited liability company at the ignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia.	(Name of Foreign Limit	ed Liability Company; must include "Lit	mited Liability Con	npany," "I. I. C.," (or "LLC)			
Missouri O5/19/2023 (Date that immeated because in Hards, if proc to reprotation) (Steel Address of Florida Road O5/19/2023 11816 Lackland Road O5/19/2023 11816 Lackland Road O5/19/2023 St. Louis, MO 63146 St. Louis, MO 63146 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc. Office Address: Tallahassee Tallahassee Tallahassee Togic Address for the above stated limited liability company at the ignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furtionally with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia.		the state of trunching business i	n Florada. The alternate	e mame must mchide "	Tamited Lightlity Co	ompany," "L L.C.	" or *1.1 C)
(Durediction under the law of which foreign hunted liability company is organized) O5/19/2023 (Date first irransacted Neurosci in Borida, if price to registration) (New sections 60,000 & 605 000 \$, E.S. to determine penalty liability) 11816 Lackland Road Osciet Address of Principal Office) St. Louis, MO 63146 St. Louis, MO 63146 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc. 115 North Calhoun St. Suite 4 Tallahassee Florida 32301			.,,,,,,,					
(Date first transacred bostness in Florida, if process registration) (New sections 605,0004 & 605,0005, E.S. to determine penalty liability) 11816 Lackland Road (Stating Address) St. Louis, MO 63146 St. Louis, MO 63146 Name: Cogency Global Inc. Name: Cogency Global Inc. 115 North Calhoun St. Suite 4 Tallahassee Florida Tallahassee Tallahassee Tallahassee Tallahassee Tallahassee Florida Tallahassee					(FE) number, if ap	oplicable)		
11816 Lackland Road (Street Address of Process of Process of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc. Name: Cogency Global Inc. Diffice Address: 115 North Calhoun St. Suite 4 Tallahassee (Cog) Florida (Cog) Florida 32301 (Cog) PH Tallahassee (Cog)		05/19/2023						
St. Louis, MO 63146 St. Louis, MO 63146 St. Louis, MO 63146 St. Louis, MO 63146 Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		(Date first transacted business in Florida, if pri (See sections 605,0904 & 605,0905, F.S. to de	or to registration) (ternine penalty liabili	ty i	·· ·	-		
St. Louis, MO 63146 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc. Name: Tallahassee Tallahassee Florida 32301 Comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia.	11816 Lackland Road			11816	6 Lackland	Road		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Cogency Global Inc. 115 North Calhoun St. Suite 4 Tallahassee (Cny) Florida 32301 Florida 124 peade) Preside agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the ignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia	(Street Address of Princip	al Office)	b	(Mailing Address)				
Name: Cogency Global Inc. Name: Cogency Global Inc. Name: Tallahassee Tallahassee (Cogency Global Inc. Tallahasse	St. Louis, M	O 63146		St. Louis, MO 63146				
gistered agent's acceptance: ving been numed as registered agent and to accept service of process for the above stated limited liability company at the ignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia	Name and <u>street address</u> of	Florida registered agent: (P.O.	Box <u>NOT</u> acce	ptable)		g Ş.	2023	
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ving been named as registered agent and to accept service of process for the above stated limited liability company at th ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furti comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia		(Cny)		,11011da	(Zip code)		20	
	gistered agent's acceptanc	ered agent and to accept service		agent and agr	ee to act in th	is capacity.	I furthe	er a
Sheryl Gibbs	signated in this application, comply with the provisions	of all statutes relative to the pro-		ete perjormano	ie oj my anne.	.,		

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Jim Malkus Name: ______ Manager | Name: **⊠**Manager 11816 Lackland Road Address: _____ Member Member Address: _ St. Louis, MO 63146 [Authorized Authorized Person Person Other____ [lOther Other_____ Other_ Name: _____ Manager Name: _____ ☐Manager Address: _____ Address: Member Authorized Authorized Person Person Other_____ Other____ Other____ Other_ Name: _____ Name: Manager | Address:] Member Member Address: _____ ☐ Authorized Authorized Person Person _{Other_____ Other____ Other____ Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 felling its provided for in s.817.155, F.S. Signature of an authorized person Jim Malkus

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

INDOFF, LLC LC014464917

was created under the laws of this State on the 20th day of April, 1971, 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 30th day of June, 2023.

Secretary of State

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Certification Number: CERT-06302023-0038