

M2300001/342

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-2996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mbiriz@lineal.com

Foreign Limited Liability Company
LINEAL SERVICES LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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SEP - 5 2023

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2023 SEP - 1 AM 5:51

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2023 SEP - 1 AM 5:14

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

IN COMPLIANCE WITH SECTION 606.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Lineal Services, LLC

Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC."

If name is available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC."

2. Texas

Jurisdiction under the law of which foreign limited liability company is organized.

3. 84-4323401

(If number, if applicable)

4. Upon Filing

Date first transacted business in Florida (if prior to registration)
(See sections 605.003 & 605.0905, F.S., to determine penalty liability.)

5. 14605 NW 73rd Street

Street Address of Principal Office:

6. 14605 NW 73rd Street

(Mailing Address)

Parkville, MO 64152

Parkville, MO 64152

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

Name: C T Corporation System

Office Address: 1230 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

C T Corporation System

By: SEAN L. EMERICK, ASSISTANT 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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>Major Bausden</u>	☒ Manager	Name: <u>Paul Rowlett</u>
☐ Member	Address: <u>14605 NW 73rd Street</u>	☐ Member	Address: <u>14605 NW 73rd Street</u>
☐ Authorized	<u>Parkville, MO 64152</u>	☐ Authorized	<u>Parkville, MO 64152</u>
Person	_____	Person	_____
☐ Other	_____	☐ Other	_____
☒ Manager	Name: <u>Kent Teague</u>	☐ Manager	Name: _____
☐ Member	Address: <u>14605 NW 73rd Street</u>	☐ Member	Address: _____
☐ Authorized	<u>Parkville, MO 64152</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other	_____	☐ Other	_____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	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 817.135, F.S.

Paul Rowlett

Signature of an authorized person

Paul Rowlett

Typed or printed name of signer

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Lineal Services, LLC (file number 803492911), a Domestic Limited Liability Company (LLC), was filed in this office on December 12, 2019.

It is further certified that the entity status in Texas is in existence

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In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 19, 2023



A handwritten signature of Jane Nelson in black ink.

Jane Nelson
Secretary of State