

M23000014418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

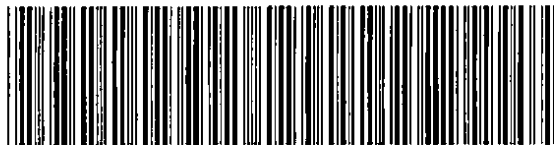
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TAXATION
DIVISION

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FORVIS

350 Congress Street, Suite 900 / Charlotte, NC 28209
704.367.7020 / F 704.367.7760
forvis.com

November 2, 2023

VIA FEDEX

Registration Section Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

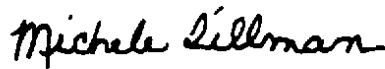
Dear Sir or Madam:

Enclosed please find for filing an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida together with a check in the amount of \$763.75 which represents the \$125 filing fee, plus penalties in the amount of \$638.75. Also enclosed is a Certificate of Good Standing from the origin state.

Please contact me at michele.tillman@forvis.com or 704-367-7077 if you have any questions or need any additional information.

Sincerely,

FORVIS, LLP



Michele Tillman
Paralegal

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FORVIS Capital Advisors, 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:

Michele Tillman

Name of Person

FORVIS, LLP

Firm/Company

4350 Congress Street, Suite 450

Address

Charlotte, NC 28209

City/State and Zip Code

michele.tillman@forvis.com

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

For further information concerning this matter, please call:

Michele Tillman

704

367-7077

at (_____) _____

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. FORVIS Capital Advisors, 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")

Missouri

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

43-1684205

3. (FEI number, if applicable)

June 1, 2022

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

910 E. St. Louis Street, Ste. 200

5. (Street Address of Principal Office)

Springfield, MO 65806

910 E. St. Louis Street, Ste. 200

6. (Mailing Address)

Springfield, MO 65806

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

(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.



Christine Kelm
Assistant Secretary

(Registered agent's signature)

STATE OF FLORIDA
TALLAHASSEE, FL

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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>
<input type="checkbox"/> Manager	Name: <u>Tod Eastlake</u>	<input type="checkbox"/> Manager	Name: <u>Tony Giordano</u>
<input type="checkbox"/> Member	Address: <u>FORVIS, LLP</u>	<input type="checkbox"/> Member	Address: <u>FORVIS, LLP</u>
<input checked="" type="checkbox"/> Authorized	<u>910 E. St. Louis Street, Ste. 200</u>	<input checked="" type="checkbox"/> Authorized	<u>1801 California Street, Ste. 2900</u>
Person	<u>Springfield, MO 65806</u>	Person	<u>Denver, CO 80202-2606</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Jason Corson</u>	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>FORVIS, LLP</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>910 E. St. Louis Street, Ste. 200</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Springfield, MO 65806</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Tod Eastlake
Tod Eastlake Prop 1, 20230829.C01,

Signature of an authorized person

Tod Eastlake, Director of Operations

Typed or printed name of signer

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

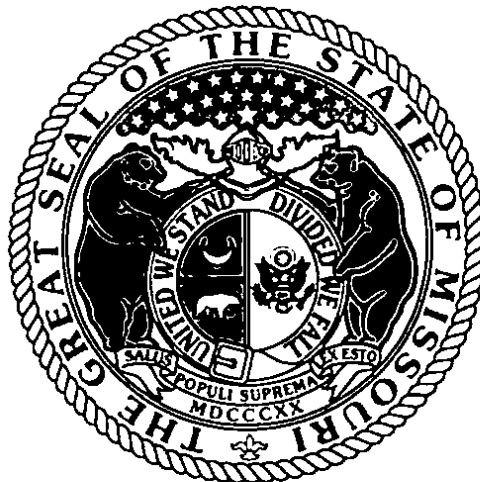
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

FORVIS CAPITAL ADVISORS, LLC
LC0001196

was created under the laws of this State on the 20th day of July, 1994, 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 31st day of October, 2023.


Secretary of State



Certification Number: CERT-10312023-0103