# M23000015378

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#### **COVER LETTER**

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TO:

Registration Section

ECT:	Atlas 46 LLC			
	Name of Limited Liability Company			
nclosed nce, an	"Application by Foreign Limited Liability d check are submitted to register the above	Company for Authorization to Transact Business in Florida," C referenced foreign limited liability company to transact busines		
return	all correspondence concerning this matter	to the following:		
	Ashley N. Gaynor			
	-	Name of Person		
	Atlas 46 LLC			
		Firm/Company		
	400 Biltmore Dr., Ste 530			
		Address		
	Fenton, MO 63026			
	(	City/State and Zip Code		
	accounting@atlas46.com			
	E-mail address: (to b	e used for future annual report notification)		
ther in	formation concerning this matter, please ca	H:		
Ash	ley N. Gaynor	314 323-3741 at ( )		
	Name of Contact Person	Area Code Daytime Telephone Number		
	ing Address: istration Section	Street Address:		
	ision of Corporations	Registration Section Division of Corporations		
	. Box 6327	The Centre of Tallahassee		
	ahassee, FL 32314	2415 N. Monroe Street, Suite 810		
		Faliahassee, FL 32303		
	osed is a check for the following amount:			
Pleas	e make check payable to: FLORIDA DEF	PARTMENT OF STATE		
	25.00 Filing Fee  \$130.00 Filing Fe	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Cer		

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:	Title or Capacity	Name and Address:
Manager	Name:	□Manager	Name:
□Member	Address: 400 Biltmore Dr.	■Member	Address:
□Authorized	Ste 530	□Authorized	Lake Saint Louis, MO 63367
Person	Fenton, MO 63026	Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address: 6693 Judy Ann Dr.	□Member	Address:
■Authorized	Cedar Hill, MO 63016	□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□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 felony as provided for in s.817.155, F.S.

Ashley N. Gaynor

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

IN COMPTANCE WITH SECTION 6/5.0902 FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate	name adopted for the purpose of transacting business in F	orida. The alternate name must include Limited Liability Company	of the Control
Missouri		46-4296869	
(Jurisdiction under the law of which foreign limited liability company is organized		3. (FEI number, if applicable)	i ·
01 01 2024			
	(Date first transacted business in Florida, if prior to (See sections 605/0904/& 605/0905, F/8) to determ	egistration ) ne penalty hability i	
400 Biltmore Dr. Ste 530		400 Biltmore Dr. Ste 530	
et Address of Principal Office)		6. (Mailing Address)	
Fenton, MO 63026		1' 240 4 2004	
		Fenton, MO 63026	<del></del>
Name and street addre	ss of Florida registered agent: (P.O. Box		
Name and street addre	ss of Florida registered agent: (P.O. Box Shawntel Bishop		2023 N
		NOT acceptable)	
Name:	Shawntel Bishop  3659 Canal Road	NOT acceptable)	2023 NOV 17 PH 5:

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 good's suprame





#### John R. Ashcroft Secretary of State

## CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

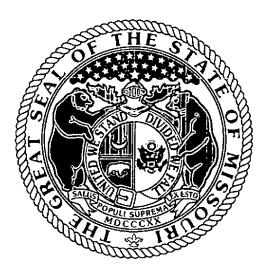
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Atlas 46, LLC LC1362475

was created under the laws of this State on the 12th day of December, 2013, 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 9th day of November, 2023.

Secretary of State



Certification Number: CERT-11092023-0063