

M24000006128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2024 MAY 14 AM 10:57

MAY 15 2024  
K. Brumley



*Bring it.*

1201 E. 12<sup>th</sup> Ave. North Kansas City, MO. 64116

5/7/24

Florida Department of State  
Division of Corporation  
PO Box 6327  
Tallahassee FL 32314

RE: Wagner Logistics Holdings, LLC

To whom it may concern:

Wagner Logistics Holdings, LLC (L23000264711) has no intention of refiling as domestic in Florida and we surrender the name to Wagner Logistics Holdings, LLC foreign (DE).

Wagner Logistics Holdings, LLC was accidentally set up as domestic LLC in Florida and should have been set up as foreign LLC in Florida.

Sincerely yours,

Jeff Gallentine, CFO

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Wagner Logistics Holdings, 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:

Josh Rieken

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

Wagner Logistics Holdings, LLC

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

1201 E 12th Ave

\_\_\_\_\_  
Address

North Kansas City, MO 64116

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

controller@wagnerlogistics.com

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

For further information concerning this matter, please call:

Josh Rieken

573

821-1086

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. Wagner Logistics Holdings, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(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. DE 3. 87-3645056  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11-17-2021  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Wagner Industries, LLC 6. Wagner Industries, LLC  
(Street Address of Principal Office) (Mailing Address)  
8015 Westside Industrial Dr. 1201 E 12th Ave  
Jacksonville, FL 32219 North Kansas City, MO 64116

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

Name: Capitol Corporate Services, Inc  
Office Address: 515 East Park Avenue, 2nd Floor  
Tallahassee, Florida 32301  
(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.

Amanda Contreras Amanda Contreras, Asst. Secretary on  
(Registered agent's signature) behalf of Capitol Corporate Services, Inc.

2024 FEB 14 AM 10:57

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: Brian Smith

☒ Member                      Address: 1201 E 12th Ave

☒ Authorized                      North Kansas City, MO 64116

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

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

☐ Manager                      Name: Jeffrey Gallentine

☐ Member                      Address: 1201 E 12th Ave

☒ Authorized                      North Kansas City, MO 64116

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Justin Eck

☒ Member                      Address: 1201 E 12th Ave

☒ Authorized                      North Kansas City, MO 64116

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Joe Johnson

☒ Member                      Address: 1201 E 12th Ave

☒ Authorized                      North Kansas City, MO 64116

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☒ Manager                      Name: LongueVue Capital

☒ Member                      Address: 111 Veterans Blvd, Suite 1020

☐ Authorized                      Metairie, LA 70005

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

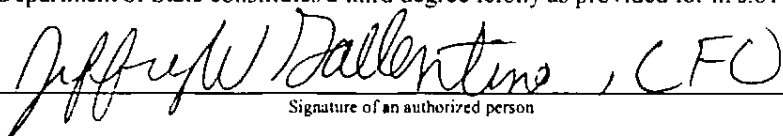
Person                      \_\_\_\_\_

☐ 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.

 , CFC  
Signature of an authorized person

\_\_\_\_\_  
Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WAGNER LOGISTICS HOLDINGS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WAGNER LOGISTICS HOLDINGS, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2021.



6402371 8300

SR# 20241755106

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203368270

Date: 04-30-24