

M24000011375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

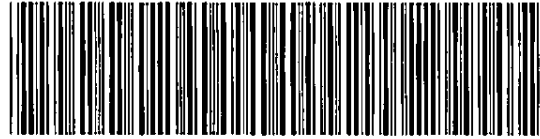
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TALLAHASSEE, FLORIDA

SEP 05 2024

K. Brumbley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 09/04/24
Order #: 1608510-1
Re: Invision Architecture, LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written in a cursive style.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
I20000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INVISION Architecture, 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:

Diana Delecaris

Name of Person

UB Greensfelder LLP

Firm/Company

10 S. Broadway, Suite 2000

Address

St. Louis, MO 63102

City/State and Zip Code

DDelecaris@ubglaw.com

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

For further information concerning this matter, please call:

Diana Delecaris

Name of Contact Person

at (314)

Area Code

516-2679

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. INVISION Architecture, 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.")

2. Iowa 3. 42-0921076
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 360 Westfield Ave., Suite 401 6. 360 Westfield Ave., Suite 401
(Street Address of Principal Office) (Mailing Address)
Waterloo, Iowa 50701 Waterloo, Iowa 50701

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
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.

Lee Nickel / Assistant Secretary
(Registered agent's signature)

2024 SEP -4 AM 10:36

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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]:

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

☒ Manager Name: Eric Ritland

☐ Member Address: 360 Westfield Ave., Suite 401

☐ Authorized Waterloo, Iowa 50701

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Mark Nevenhoven

☐ Member Address: 360 Westfield Ave., Suite 401

☐ Authorized Waterloo, Iowa 50701

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: D. Scott Williams

☐ Member Address: 231 S. Bemiston Avenue

☐ Authorized Suite 800

Person St. Louis, Missouri 63105-1925

☐ Other _____ ☐ Other _____

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

☒ Manager Name: Bradly Leeper

☐ Member Address: 360 Westfield Ave., Suite 401

☐ Authorized Waterloo, Iowa 50701

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Michael Hein

☐ Member Address: 231 S. Bemiston Avenue

☐ Authorized Suite 800

Person St. Louis, Missouri 63105-1925

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

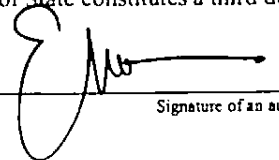
Person _____

☐ 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.



Signature of an authorized person

Eric Ritland

Typed or printed name of signee

**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Issue Date: 9/3/2024

Name: INVISION ARCHITECTURE, LLC (489DLC - 40360)

Date of Formation: 12/3/1965

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly formed under the laws of Iowa. A certificate of organization has been filed and has taken effect.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination. The records of the Secretary of State do not otherwise reflect that the limited liability company has been dissolved or terminated.
- f. A proceeding is not pending under section 489.705

Certificate ID: **CS292615**

To validate certificates visit:
sos.iowa.gov/ValidateCertificate

A handwritten signature in black ink, reading "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State