

# M2500000685

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : HAND ARENDALL HARRISON SALE LLC  
Account Number : I20190000128  
Phone : (850)769-3434  
Fax Number : (251)544-1643

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

Email Address: jmedina@handfirm.com

## Foreign Limited Liability Company St. Louis Signature Realty LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 06       |
| Estimated Charge      | \$130.00 |

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K. SALY

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DEPT. OF CORP. REGS.  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2025 JAN 13 PM 4:02  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: St. Louis Signature Realty, 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:

Craig Smith/ Dave Stebe

Name of Person

St. Louis Signature Realty, LLC

Firm/Company

2632 Towne Oaks Drive

Address

St. Louis, MO 63129

City/State and Zip Code

craig@stlsignaturerealty.com

dave@stlsignaturerealty.com

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

For further information concerning this matter, please call:

Craig Smith

314

401-8360

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

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

IN COMPLIANCE WITH SECTION 608.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. St. Louis Signature Realty, LLC

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

**Saint Louis Signature Realty, LLC**

(If none available, 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. Jurisdiction under the law of which foreign limited liability company is organized

61-1758038

3. \_\_\_\_\_  
(File number, if applicable)

4. \_\_\_\_\_  
(State first threatened business in Florida (if prior to registration))  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

2632 Towne Oaks Drive  
S. \_\_\_\_\_  
(Street Address of Principal Office)

6. 2632 Towne Oaks Drive  
(Starting Address)

St. Louis, MO 63129

St. Louis, MO 63129

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

Name: DION J. MONIZ, ESQ.

Office Address: 35008 Emerald Coast Parkway, Ste 500

Destin \_\_\_\_\_, Florida 32541  
(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.

Dien 1. März

(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>              |
|--|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Manager           | Name: <u>Craig Smith</u>             | <input type="checkbox"/> Manager           | Name: <u>Dave Stebe</u>               |
| <input checked="" type="checkbox"/> Member | Address: <u>1101 Pembroke Drive</u>  | <input checked="" type="checkbox"/> Member | Address: <u>2632 Towne Oaks Drive</u> |
| <input type="checkbox"/> Authorized        | <u>St. Louis, MO 63119</u>           | <input type="checkbox"/> Authorized        | <u>St. Louis, MO 63129</u>            |
| Person                                     | _____                                | Person                                     | _____                                 |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____  |
| <br><input type="checkbox"/> Manager       | Name: _____                          | <br><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 _____  |
| <br><input type="checkbox"/> Manager       | Name: _____                          | <br><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.

  
Signature of an authorized person

Craig Smith

Typed or printed name of signer

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## STATE OF MISSOURI



John R. Ashcroft  
Secretary of State

CORPORATION DIVISION  
CERTIFICATE OF GOOD STANDING

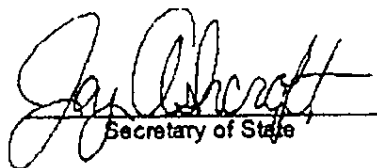
2025 JAN 13 11:17  
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TALLAHASSEE FLORIDA

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

*St. Louis Signature Realty, LLC*  
LC001439046

was created under the laws of this State on the 11th day of March, 2015, 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 10th day of January, 2025.

  
Secretary of State



Certification Number: CERT-01102025-0070

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