Secretary of State

Application to Register a Foreign Limited Liability Company (LLC)

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Secretary of State	LLC-5	For	r Office Use (Only	
Application to Register a Foreign Liability Company (LLC)	Limited	For Office Use Only -FILED- File No.: 202565311320			
		Date Filed:	1/6/2025		
Must be submitted with a current Certificate of Good Standing is: government agency where the LLC was formed.	sued by the				
Filing Fee - \$70.00					
Certified Copy Fee (Optional) - \$5.00					
Note: Registered LLCs in California may have to pay minimum \$80 California Franchise Tax Board each year. For more information, go t https://www.ftb.ca.gov/.		This Space	For Office l	Jse Onlj	y
1a. LLC Name (Enter the exact name of the LLC as listed on your ettached	Certificate of Good S	tanding.)			
Wagner Incentive Co., LLC					
1b. California Alternate Name, if Required (Only enter an alterna	te name if the LLC nam	ne in 1a not available	in California.)	
LLC Jurisdiction (Ensure that the jurisdiction matches the attached)	Certificate of Good Sta	nding.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
Delav	vare				
 b. Authority Statement (Do not alter Authority Statement) This LLC currently has powers and privileges to conduct business. Business Addresses (Enter the complete business addresses. Ite 					· · · · · · · · · · · · · · · · · · ·
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
1201 E 12th Ave	North Kansas City		MO	64116	
b. Street Address of Principal Office In California, If any - Do not enter a P.O. Box	City (no abbreviations	i)	State CA	Zip Cod	ie
. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	3a 🔲 3b		State	,	
d. Mailing Address - if different than Item 3e or 3b	City (no abbreviations	lty (no abbreviations)		Z\p Cot	ie
 Service of Process (Must provide either Individual OR Corporation. INDIVIDUAL – Complete Items 4a and 4b only. Must include agent's full. 	•	reet address.			
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name		Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations	riations)		Zip Cod	de
CORPORATION - Complete Item 4c only. Only include the name of the	egistered agent Corpo	retion.	<u>-</u>		
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do no	complete Item 4a or 4b)		·	
Capitol Corporate Services, Inc.	<u>-</u>		····		
5. Read and Sign Below (Title not required.)					
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC.	herein is true and	correct and that	I am author	rized to	sign
Deffy Walls	JEFF	REG GA	LLEN	TIN	Ē
Signature	rype and Pr	ни мате	2055 2 11		

LLC-5 (REV 11/2023)

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Secretary

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WAGNER INCENTIVE CO., 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 TWELFTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WAGNER INCENTIVE CO., LLC" WAS FORMED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2021.



Authentication: 205119338

Date: 12-12-24

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