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COVER LETTER

	COVERLETTER	
TO: Registration Section Division of Corporations		
SUBJECT: Lakeland West C	Capital II, LLC	
	ame of Limited Luibility Company	
	bility Company for Authorization to Transact Business in Flor above referenced foreign limited liability company to transact	
Please return all correspondence concerning this m	astter to the following.	
Adam E. McKe	е	
	Name of Person	~ ~
Lakeland West	Capital II, LLC	
	Firm Company	
P.O. Box 8152		
	Address	
Waco, TX 767	14	
	City/State and Zip Code	
adam.mckee@	lwestcap.com	A CONTRACTOR
E-mail address	(to be used for future annual report notification)	- % 30 F
For further information concerning this matter, ple	rate vall	
Adam D. McKee	_{at} 254 , 741-1770	55 .
Name of Person	Area Code & Daytime Telephone Number	一点 24
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301	De .

Enclosed is a check for the following amount:

U \$125 00 Filing Fee \$ \$130.00 Filing Fee & Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Company, "LL C." LLC." 2. Texas (Ourisdiction under the law of which foreign limited liability company is organized) 4. 4/12/2011 (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine persulty liability) 7. 5002 Lakeland Circle, Suite B Waco, TX 76710 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Adam D. McKee P.O. Box 8152 Waco, TX 76714			purpose of transacting business in Florida and attach a copy of the written to alternate name. The alternate name must include "Limited Liability	
4. 4/12/2011 (Date of Organization) 5. perpetual (Ouration: Year limited hability company will cease to exist or "perpetual") 6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 5002 Lakeland Circle, Suite B Waco, TX 76710 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Adam D. McKee P.O. Box 8152 Waco, TX 76714 10. Auxhod is an original certificate of existence, no more than 90 days old, duty authorisated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language a transdation of the certificate under oath of the translator must be submitted.)			·	
4. 4/12/2011 (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See acctions 608.501 & 608.502 F.S. to determine penalty liability) 7. 5002 Lakeland Circle, Suite B Waco, TX 76710 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Adam D. McKee P.O. Box 8152 Waco, TX 76714 10. Annohod is an original certificate of existence, no more than 90 days old, duly authorized by the official having custody of records in the jurisdiction under the law of which it is originized. (A photocopy is not neocrabile. If the certificate is in a foreign language a translation of the certificate under onth of the translator must be submitted.)	(Jurudict	ion under the law of which foreign limited liab	3. TIN = 45-160737 (FEI number, if applicable)	
(Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 606.501 & 608.502 F.S. to determine penalty liability) 7. 5002 Lakeland Circle, Suite B Waco, TX 76710 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Adam D. McKee P.O. Box 8152 Waco, TX 76714 10. Anached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having custody of records in the jurisdiction under the law of which it is cugmized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under ceth of the translator must be submitted.)		•	perpetual	
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11. Nature of business or purposes to be conducted or promoted in Florida:	translation (of the certificate under cath of the translator must	be submitted.)	
All lawful business, including investment-related business	11. Natur	re of business or purposes to be conduc		_
	All la	wful business, including inv	estment-related business	
and the second s				
Signature of a member or an authorized representative of a member.			·	
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the		Signature of a member or	an authorized representative of a member.	
		(In accordance with section 608.408(3), F.S., t penalties of perjury that the faces stated herein	· · · · · · · · · · · · · · · · · · ·	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Linbility Co. Lakeland West Capital	•	
If unavailable, the alternate to be used in	the state of Florida is:	
2. The name and the Florida street addre	ss of the registered agent and office are:	
Marisa E. Ros	en, Esq.	2018 2018
	(Name)	
200 S. Orange	e Ave., Suite 2900	
Florida Street	양성 30	
Orlando	_{FL} 32801	
City/State/Zip		
		21 Rep.

Having been named as registered agent and to accept service of process for the above stated limitedliability company at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Corporations Section P.O.Box 13697 Austin, Texas, 78711-3697



Office of the Secretary of State

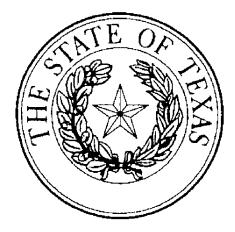
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Lakeland West Capital II, LLC (file number 801417237), a Domestic Limited Liability Company (LLC), was filed in this office on April 27, 2011.

It is further certified that the entity status in Texas is in existence.

2013 DEC 30 PH 4: 24

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 05, 2013.



Do Den

John Steen Secretary of State

Dial: 7-1-1 for Relay Services Document: 518665170002

Fax: (512) 463-5709 TID: 10264