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((H19000301822 3)))



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**Foreign Limited Liability Company
83rd Street ALF, LLC**

Certificate of Status	1
Certified Copy	1
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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. 83rd Street ALF, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Kansas
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 8415 E. 21st St. North, Ste. 100
(Direct Address of Principal Office)

6. 8415 E. 21st St. North, Ste. 100
(Mailing Address)

Wichita, KS 67206

Wichita, KS 67206

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

Name: Cross Street Corporate Services LLC

Office Address: 200 S. Orange Ave.

Sarasota, Florida 34236
(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.



(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]:

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

Manager Name: Timothy J. Buchanan
 Member Address: 8415 E. 21st St. N Ste 100
 Authorized Wichita, KS 67206
 Person
 Other Other

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

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person
 Other Other

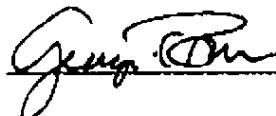
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person
 Other Other

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.



Signature of an authorized person

George C. Bruce

Typed or printed name of signer

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**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB**

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 9530429

Entity Name: 83RD STREET ALF, LLC

Entity Type: KANSAS LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: GEORGE C BRUCE

Registered Office: 645 E Douglas Ave. Suite 100, WICHITA, KS 67202

was filed in this office on October 08, 2019, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

FILED
2019 OCT 10 PM 4:45
TALLMAN SECRETARIAT



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of October 09, 2019

Scott Schwab

**SCOTT SCHWAB
SECRETARY OF STATE**

Certificate ID: 1115562 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.