B20000020 1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

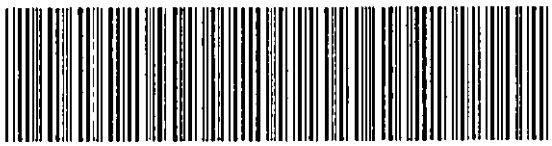
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2020 OCT 27 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 28 2020

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCDOWELL INVESTMENTS, L.P.
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

BARBARA MARAH
Contact Person

BRIDGEBUILDER TAX + LEGAL SERVICES, P.A.
Firm/Company

9325 PFLUMM RD
Address

LENEXA, KS 66215
City, State and Zip Code

bmarah@bbtaxlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Marah at (913) 492-6008
Name of Contact Person — Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ■ $1,000.00 Filing Fee ($965 Filing Fee and $35 Registered Agent Fee)
- ☐ $1,008.75 Filing Fees and Certificate of Status
- ☐ $1,052.50 Filing Fees and Certified Copy
- ☐ $1,061.25 Filing Fee, Certified Copy, and Certificate of Status

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

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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. MCDOWELL INVESTMENTS, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, *which must include suffix*)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. MISSOURI — **State or Country of Formation**

3. 10-31-2000 — **Date of Formation**

4. **Federal Employer Identification Number** 43-1907265

5. **Name of Registered Agent for Service of Process and Florida Street Address:**

BEAU KELLY

13104 SE HOBE HILLS DRIVE

HOBE SOUND, FL 33455

6. *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.*

Signature of Registered Agent

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7. **Principal Office:**

9325 PFLUMM RD

LENEXA, KS 66215

8. **Mailing Address:**

9325 PFLUMM RD

LENEXA, KS 66215

9. **If limited partnership is a limited liability limited partnership**, check box. ☐

10. **Name, principal office address, and mailing address of each general partner:**

Name of General Partner: MGM HOLDINGS FL, LLC
Street Address: 9325 PFLUMM RD
LENEXA, KS 66215
Mailing Address: 9325 PLFUMM RD
LENEXA, KS 66215

Name of General Partner: MONTE MCDOWELL
Street Address: 1235 W. 55TH ST
KANSAS CITY, MO 64113
Mailing Address: 9325 PFLUMM RD
LENEXA, KS 66215

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:_____ Name of General Partner:_____

Street Address: _____ Street Address: _____

_____ _____

Mailing Address:_____ Mailing Address:_____

_____ _____

11. **Effective date, if other than the date of filing:**_____.
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 23rd day of October, 20 20

_____
Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	**$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional):	**$52.50**
Certificate of Status (optional):	**$8.75**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF MISSOURI

John R. Ashcroft
Secretary of State

CERTIFICATE OF GOOD STANDING

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

MCDOWELL INVESTMENTS, L.P.

LP0012123

was created under the laws of this State on 10/31/2000, and is Active, having fully complied with all the 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, the 23rd day of October, 2020.

Secretary of State