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ALLAHASSEL FLORIDA

2022 APR | 5 PM |2: 0

COVER LETTER

TO:	D: Registration Section Division of Corporations						
SUBJ	ECT:	Missouri Pl	ace Properties, L.I.	C.			
.50150			Name o	of corporation	- mus	st include suffix	· ·
Dear S	ir or Mad	dam:					
"Certif	ficate of I	Existence,		of Good Star	ding"	rization to Transact I and check are submi Ilorida.	
Please	return al	l correspo	ndence concernir	ng this matter	to the	following:	
John W	V. Roberts	, Esq.					
				Name of	Person	ı	
Law O	ffice of Jo	hn W. Rob	erts, PLLC				
				Firm/Con	ipany		
12273	Emerald (Coast Parkv	vay, Suite 204				
				Addr	ess		
Miram	ar Beach.	FL 32550					
				City/State a	nd Zip	code	
recepti	on@john	vrobertslav					
			E-mail address:	(to be used	or fut	ure annual report not	ification)
For fur	rther info	rmation co	oncerning this ma	atter, please o	all:		
Tristan	LaNasa,	Esq.		850 at (25	0-0887	
	Name	of Person		Area Cod	/ e	Daytime Telepho	ne Number
	Registr Divisio The Ce 2415 N	ation Secti n of Corpo ntre of Tal	orations lahassee Street, Suite 810			MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
Please		k payable t	e following amo o: FLORIDA DE \$78.75 Filing Certificate o	EPARTMENT g Fee & E	J \$78.		\$87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

l	Properties, L.L.C.						
	orporation; must include "INCORPORATED," orp." "Inc," "Co," or "Corp.")	"COMPANY." "CORPORATIO	N."				
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transactir	ng business in Florida)				
Missouri	ર						
(State or countr	y under the law of which it is incorporated)	(FEI number, if ap	oplicable)				
01/21/2000	5						
(Date	of incorporation)	(Date of duration, if other than perpetual)					
5 .							
6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)							
	renue, Joplin, MO 64801	2, r.s., to determine penalty habit	ity)				
	(Principal office	street address)					
	(i thicipai office	street address)					
	(Current mailing	address, if different)					
R. Name and stree	et address of Florida registered agent: (P.O.	Box NOT accentable)	2022 APR SEGRIN TALLI AHA				
	John W. Roberts	<u></u>					
Name:			APR 15 APR 15 APR 55 APR				
Office Address:	12273 Emerald Coast Pkwy, Ste 204		en e				
	Miramar Beach	Florida 32550	PM 12: 07				
	(City)	(Zip code))				
Dogistared age	ent's accentance:		7 3 3				

Having been named as registered agent and to accept service of process for the above stated corporation 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)

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

A. DIRECTORS David Burtrum □ Chairman Name: ☐ Chairman PO Box 2218 Address: ☐ Vice Chairman Address: ☐ Vice Chairman Joplin, Missouri 64801 □ Director □ Director President □President □ Vice President ☐ Vice President □ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ ☐Other _____ □Other _____ □ Chairman □ Chairman Name: _____ Name: _____ □Vice Chairman Address: □ Vice Chairman Address: □ Director Director □ President □ President □ Vice President □ Vice President □ Secretary ☐ Treasurer □ Secretary □ Treasurer □Other_____ □Other _____ □Other _____ ☐ Other _____ Name: _____ Name: ____ □ Chairman ☐ Chairman □Vice Chairman Address: ______ ☐ Vice Chairman Address: □ Director □ Director □ President □ President □ Vice President □ Vice President _____ □ Secretary □ Treasurer □ Secretary ☐ Treasurer □ Other _____ □Other _____ ☐ 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. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.

David Burtrum, President

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION
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

MISSOURI PLACE PROPERTIES, L.L.C. LC0035262

was created under the laws of this State on the 21st day of January, 2000, 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 8th day of April, 2022.

Secretary of State

Certification Number: CERT-04082022-0049