# M05000005972

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name) (Document Number)	
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TAULANASSEE FLORIDA

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: MTR Miami LLC	
(Name of Limited Lia	bility Company)
The enclosed "Application by Foreign Limited Liability C Florida," Certificate of Existence, and check are submitted liability company to transact business in Florida	
Please return all correspondence concerning this matter to	the following:
Nancy Rydgig	
(Name of P	erson)
MTR Miami LLC	
(Firm/Com	pany)
9 Gateway Drive	
(Addres	is)
Collinsville, IL 62234	
(City/State and	Zip Code)
For further information concerning this matter, please call.	;
Nancy Rydgig at (Name of Person) (A	618 346-2600 x222 rea Code & Daytime Telephone Number)
Division of Corporations P.O. Box 6327 Clifto Tallahassee, FL 32314 Clifto	CET ADDRESS:  on of Corporations  n Building  Executive Center Circle  nassee, FL 32301
Enclosed is a check for the following amount:  \$\Bigcup \\$125.00 \text{ Filing Fee } \Bigcup \\$130.00 \text{ Filing Fee & } \Bigcup \\$150.00 \text{ Filing Fee } \Bigcup \\$150.00 \text{ Filing Fee } \Bigcup \Bigcup \\$150.00 \text{ Filing Fee } \Bigcup \Bi	55.00 Eiling Fee & ☑\$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. MTR Miami LLC (Name of Foreign Li	Limited Liability Company)
2. Missouri	3 20-3651796
(Jurisdiction under the law of which foreign limited lia company is organized)	
4. 10/19/2005	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. NA	
(Date first transacted busines (See sections 608.501 & 608.5	ess in Florida, if prior to registration.) 1.502 F.S. to determine penalty liability)
7、9 Gateway Drive	
Collinsville, IL 62234	•
	Address of Principal Office)
8. If limited liability company is a manager-ma	<del></del>
9. The name and usual business addresses of th	he managing members or managers are as follows: 2
Gary Fears, Managing Member	10. 10 11. 11. 11. 11. 11. 11. 11. 11. 1
9 Gateway Drive	NO STATE
Collinsville, IL 62234	
	e than 90 days old, duly authenticated by the official having custody of records photocopy is not acceptable. If the certificate is in a foreign language, a st be submitted.)
11. Nature of business or purposes to be conducted	ucted or promoted in Florida: Real estate investment
	1
- franç	The state of the s
(In accordance with section 608.4	or an authorized representative of a member.  408(3), F.S., the execution of this document constitutes lies of perjury that the facts stated herein are true.)
Gan/ Fears	

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 Liability Company is:
MTR Miami LLC
2. The name and the Florida street address of the registered agent and office are:
Charles Deangelo
(Name)
798 Havana Drive
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Boca Raton, FL 33487 FL
City/State/Zip

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 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)

# STATE OF MISSOURI



### Robin Carnahan Secretary of State

## CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

#### MTR MIAMI LLC LC0692535

was created under the laws of this State on the 19th day of October, 2005, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 20th day of October, 2005

n comana

Secretary of State

Certification Number, 8115980-2 Reference:
Verify this certificate online at http://www.sos.mo.gov/businessentity/verification