# 110600000658

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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WOL (158)

#### COVER LETTER

**TO:** Registration Section Division of Corporations

SUBJECT: ERST TAMPA REDEUE. (Name of Limited	Liability Company)						
The enclosed "Application by Foreign Limited Liability Florida," Certificate of Existence, and check are submitability company to transact business in Florida	ty Company for Authorization to Transact Business in itted to register the above referenced foreign limited						
Please return all correspondence concerning this matter	er to the following:						
JOAN CAMPBELL (Name	of Person)						
TRISTAR BUSINESS (Firm/	of Person)  ommunials, Laconials  Company)						
	idress)						
CHESTERFICID, MO 63017 (City/State and Zip Code)							
For further information concerning this matter, please	call:						
Name of Person)	at (314) 291-999 (Area Code & Daytime Telephone Number)						
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	TREET ADDRESS:  vivision of Corporations  lifton Building  661 Executive Center Circle  allahassee, FL 32301						
Enclosed is a check for the following amount:  \$\sum \\$125.00 \text{ Filing Fee } \text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{Filing Fee & } }}}}\$}\$  Certificate of Sta	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate tus Certified Copy of Status & Certified Copy						

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

ITED LIABILITY O	ITH SECTION 608.503, F OMPANYTOTRANSACT:	BUSINESS IN THE S.	TATE OF FLORIDA:			
EAST	Ame A Reo (Name of	Foreign Limited Lia	bility Company)	ma, IT		-
	the law of which foreign					-
ompany is organiz	ted)	minico naomiy	( I Di IIu	inoci, ir appiicas	,	
JANUAR (Dat	te of Organization)	5.	(Duration: Year limit exist or "perpetual")	ed liability compa	any will cease to	-
A/A	/Data first transac	tad business in Flori	da, if prior to registration	m \		_
	(See sections 608.5	01 & 608.502 F.S. to	o determine penalty liab	oility)	-1 ~	
3905	. WOODSMILL	. SUITE	00		2001 SEO:	-   選挙 ***********************************
CHEST	CRF1820, M	(Street Address of	Principal Office)		ANN SSE VINNSSE VINNSSE	Control of the Contro
f limited liabil	lity company is a ma	nager-managed c	ompany, check here	<b>/</b> 2		144.7 AF
The name and	usual business addre	sses of the manag	ging members or ma	nagers are as f	ollows:	
TRISTA	R BUSINES	S Commo	MITIES LLC	<del>-</del>		-
3905	. Woodsmi	LL, Suit	160			<del>.</del>
CHEST	ustielo, m	10 6301	\			-
urisdiction under t	ginal certificate of existence the law of which it is organ ficate under oath of the tran	rized. (A photocopy i	s not acceptable. If the c		reign language, a	cords in
Nature of bus	iness or purposes to	be conducted or p	promoted in Florida			_
Busine W.	S FOR WHIC	HA FOREI	GN LIMITED	LIBBILIT	Comp	yend e
	(In accordance with s	ection 608.408(3), F.S.	orized representative, the execution of this docy that the facts stated herei	ument constitutes	:	
	MICHEL	Towerk	VACO			
	T	yped or printed r	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.

EAST LAMPA KEDEULLOPMENT LOMPANY, LL	<u>C</u>
Q.	
2. The name and the Florida street address of the registered agent and office	ce are:
Mathomas MOHAN COTEATHERS	Sound Ray
Florida Street Address (P.O. Box NOT ACCEPTABLE)	SSEE TO P
CLEARWATER FL 33762.	23/9 = 5

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)

1. The name of the Limited Liability Company is:

\$ 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

#### EAST TAMPA REDEVELOPMENT COMPANY, LLC LC0709864

was created under the laws of this State on the 14th day of January, 2006, 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 23rd day of January, 2006

in Camahan

Secretary of State

