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COVER LETTER

SECRETARY OF STATE TALLAHASSEE, FLORIDA

of Status & Certified Copy

TO: **Registration Section Division of Corporations**

□\$125.00 Filing Fee

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

□ \$130.00 Filing Fee &

Certificate of Status

Certified Copy

1 loade letain an correspondence concerning and ma	mint of min
	ne of Person)
	otruction GIDIP, LIC
30101 5. Lon	Address)
Harrisonvul (City/Sta	no (cul 30) Ite and Zip Code)
For further information concerning this matter, plea	se call:
Clenda Gurcia (Name of Person)	at (816) 30.2031 (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA ECRETARY OF STATE TALL AHASSEF FLORIDA

	iallandoce, fluxilia	
IN C	OMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOR	EIGN
LIMI	TED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
i	Olynder Construction Gine of 110	
· –	O Linder Construction Group, LLC, (Name of Foreign Limited Liability Comparty)	
_		
2.	urisdiction under the law of which foreign limited liability 3. (FEI number, if applicable)	
COI	mpany is organized)	
4	Feb. 20 2006 (Date of Organization) 5. Oly Octub (Duration: Year limited liability company will cease to	
	(Date of Organization) (Duration: Year limited hability company will cease to exist or "perpetual")	
6. <u> </u>	June de 2006	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7	30101 S. Lonetre Road	
	14 is soull one 1 11201	
_	Harrisonville Molecular Office) (Street Address of Principal Office)	
	(buce: //duces of Fillelph Office)	
8. I f	flimited liability company is a manager-managed company, check here	
9. T	he name and usual business addresses of the managing members or managers are as follows:	
	• •	_
	Glenda Garcia 30101 S. Longtree Rd. Harrisonville MO	0470
_		
_		
	strached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recon	dsin
	risdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a	
ransla	ation of the certificate under oath of the translator must be submitted.)	
i I. J	Nature of business or purposes to be conducted or promoted in Florida:	
	Contractor	
	training Contractor	
	Signature of the state of the s	
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes	
	an affirmation under the penalties of perjury that the facts stated herein are true.)	

Typed or printed name of signee

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SECRETARY OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA 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.

1. The name	e of the Limited Liability	y Company is:	
Olender Cor	nstruction Group LLC		
2. The name	e and the Florida street a	ddress of the registered agent and office are:	
	NRAI Services, Inc.	•	
		(Name)	
	2731 Executive Park	Drive, Suite 4	
	Florida St	treet Address (P.O. Box NOT ACCEPTABLE)	_
	Weston	_{FL} 33331	
		City/State/Zip	_
liability compagent and agrelating to the obligations of NRAI Services.	pany at the place designa tree to act in this capacity te proper and complete pe of my position as registere	ent and to accept service of process for the above ated in this certificate, I hereby accept the appoint y. I further agree to comply with the provisions of erformance of my duties, and I am familiar with a ed agent as provided for in Chapter 608, Florida	tment as registered of all statutes and accept the

\$ 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 MISSOLERY OF STATE TALLAHASSEE, FLORIDA



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

OLENDER CONSTRUCTION GROUP, LLC LC0718673

was created under the laws of this State on the 21st day of February, 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 26th day of June, 2006

n Camahan

Secretary of State

Certification Number: 8825770-1 Reference:
Verify this certificate online at http://www.sos.mo.gov/businessentity/verification