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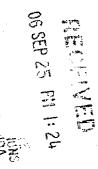
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: MLP CONSTRUCTION MINIECTMENT, LLC
(Name of Limited Liability Company)

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:

(Name of Person)

MLP LONSTAURTION MAMBGEMENT, LLC

(Firm/Company)

LOT S. LIND BERGY BLVD.

(Address)

ST. LOUIS, MO 63131

(City/State and Zip Code)

For further information concerning this matter, please call:

TIMOTHY A UAITER at (3/4) 983-9500 X215
(Name of Person) (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

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. <u>MLP</u>	CONSTAUCTION (Name of Fore	ign Limited Liability Comp	EMENT 11 pany)	<u> </u>
(Jurisdiction company is o	under the law of which foreign limit rganized)	ted liability 3	(FEI number, if applica	able)
. <u>6</u>	(Date of Organization)	5. (Duration exist or "	ERPETURL 2: Year limited liability comperpetual")	pany will cease to
uP.	Oate first transacted by	business in Florida, if prior t	to registration.)	200
	(See sections 608.501 &	: 608,502 F.S. to determine	penalty liability)	O6 SEP
	LOUIS, MO			25 AKO ASS
	(S) liability company is a manage	•		PR FL
	and usual business addresses			follows:
	OTHY A. OBHO			_
e jurisdiction u	un original certificate of existence, no make the law of which it is organized, ecrtificate under oath of the translato	(A photocopy is not accepta		
1. Nature of	f business or purposes to be co	onducted or promoted i	n Florida: <u>& & &</u>	'anc
CON	tnactor +	CONSTAUCT	ON MANA	CAMENT.
•	y	elde		
	(In accordance with seat or		resentative of a member on of this document constitutes a stated herein are true.)	
	TIMOTA	YY A OB	HER SR.	-
	Type	d or printed name of sig	znee	

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.

1. The name of the Limited Liability Company is:

MLO CONSTRUCTION MA	ANAGEMENT, LIC
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2. The name and the Florida street address of the registered agent and office are:

Muited CRS, INC.

(Name)

327 Hollow Creek LW.

Florida Street Address (P.O. Box NOT ACCEPTABLE)

HAVANA FL 32333

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

MLP CONSTRUCTION MANAGEMENT, LLC LC0745786

was created under the laws of this State on the 16th day of June, 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 17th day of August, 2006

Secretary of State

Certification Number: 8974572-1 Reference:

Verify this certificate online at http://www.sos.mo.gov/businessentity/verification