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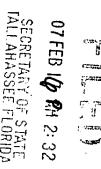
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Lemons - Tampa, LLC	
00202011	(Name of Li	mited Liability Company)
Florida," Cer	• • • •	ciability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited
Please return	all correspondence concerning this	matter to the following:
	Nadene McGuire, Paralegal	
	1)	Name of Person)
	Polsinelli Shalton Flanigan Suelthaus PC	
	(Firm/Company)	
	700 West 47th Street, Suite 1000	
		(Address)
	Kansas City, MO 64112	
	(City/	State and Zip Code)
For further in	nformation concerning this matter, p	please call:
Nad	ene McGuire	at (816)360-4326
	(Name of Person)	(Area Code & Daytime Telephone Number)
Divis P.O. 1	LING ADDRESS: ion of Corporations Box 6327 hassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	check for the following amount: 5.00 Filing Fee \$\square\$	

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:

1.	Lemons - Tampa, LLC					
•	(Name of Foreign Limited Liability Company)					
2.	Kansas (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)					
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)					
4.	February 6, 2007 5. Perpetual					
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")					
6.	Upon qualification					
٠.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)					
7.	15720 West 108th, Suite 100					
	Lenexa, KS 66219					
	(Street Address of Principal Office)					
8.	If limited liability company is a manager-managed company, check here					
9.	The name and usual business addresses of the managing members or managers are as follows:					
Member: Rick J. Rew, Trustee Under Trust Agreement dated October 22, 1982, as amended and restated,						
	15720 West 108th, Suite 100, Lenexa, KS 66219					
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under eath of the translator must be submitted.)					
11	. Nature of business or purposes to be conducted or promoted in Florida: To acquire, own, improve, mortgage, lease, sell, and otherwise act regarding certain real property for investment purposes, and to					
	conduct any and all other business that limited liability companies may lawfully perform in the State of Florida.					
	companies may lawreny perform in the state of Florida.					
	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.)					
	Rick J. Rew					

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.

1. The name of the Limited Liability Company is:

Lemons - Ta	ampa, LLC			
. The name	e and the Florida street addre	ess of the registered agent and off	îce are:	
	Corporation Service Company			
		(Name)		
	1201 Hays Street			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	FL 32301		
		City/State/Zip		
liability com agent and ag relating to th obligations o	pany at the place designated t gree to act in this capacity. If ne proper and complete perfor	nd to accept service of process for in this certificate, I hereby accept that the promise agree to comply with the promance of my duties, and I am famble as provided for in Chapter 60.	the appointment as register rovisions of all statutes iliar with and accept the	
Bý://///	WHI Weller Clases	lay flatelay		

\$ 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 KANSAS OFFICE OF SECRETARY OF STATE RON THORNBURGH



To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to business entities and that I am the proper official to execute this certificate.

Entity Name: LEMONS - TAMPA, LLC

Structure: KANSAS LIMITED LIABILITY COMPANY

Business Entity ID Number: 4035192

Was filed in this office on February 06, 2007 and has complied with the applicable provisions of the laws of the state of Kansas and on this date is in good standing and authorized to transact business or to conduct affairs within this state



In testimony whereof: I hereto set my hand and cause to be affixed my official seal. Done at the City of Topeka, this 02/08/2007.

RON THORNBURGH SECRETARY OF STATE

Certificate ID: 61330 - To verify the validity of this certificate please visit https://www.accesskansas.org/businessentity/validate.html and enter the certificate ID number.