# 11108000001991

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	
(CII	ty/State/Zip/Pflone	e #)
PICK-UP	WAIT	MAIL
(Di	siness Entity Nar	
(50	Siness Entity Nai	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	· · · · · · · · · · · · · · · · · · ·	

Office Use Only



200125629462

04/25/08--01014--019 \*\*160.00

OR APR 25 PH 3: 39
SEGRETARY OF STATE

D. BRUCE

APR 28 2008

**EXAMINER** 

#### **COVER LETTER**

(Name of	Limited Liability Company)	
	d Liability Company for Authorization to Transact Busing submitted to register the above referenced foreign linupled da	
e return all correspondence concerning the	his matter to the following:	
Kathleen R. Leal		
	(Name of Person)	
Foulston Siefkin LLP		
	(Firm/Company)	
1551 N. Waterfront Parkway, Suite 10	90	
	(Address)	/¥ 80
Wichita, Kansas 67206-4466	HASS	گر کر
(Cit	ty/State and Zip Code)	, o
urther information concerning this matter	ry/state and Zip Code)  Figure 2. Fi	
Kathleen R. Leal	at (316 ) 291-9787	
(Name of Person)	(Area Code & Daytime Telephone Number)	
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

Registration Section
Division of Corporations

TO:

#### 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.	Value Place Jacksonville Busch LLC				
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")				
co	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte pasent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C.," "LLC.")				
2.	Kansas 3. N/A				
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)					
4.	April 17, 2008 5. Perpetual				
•	(Date of Organization)  (Duration: Year limited liability company will cease to exist or "perpetual")				
6.	N/A				
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)				
7.	8621 E. 21st Street North, Suite 250				
	Wichita, Kansas 67206				
	(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:				
	Value Place LLC				
	8621 E. 21st Street North, Suite 250				
	Wichita, Kansas 67206				
the	). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a installion of the certificate under oath of the translator must be submitted.)				
11	. Nature of business or purposes to be conducted or promoted in Florida: To engage in any act or activity				
f	or which limited liability companies may be organized under the Florida Limited Liability Company Act as now in effect or hereafter amended or modified.				
	Huer				
	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.)				
	Kay Auer, Chief Financial Officer of Value Place LLC, Member				

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.

	ame of the Limited Liability Company is:  Le Place Jacksonville Busch LLC			
If name u	mavailable, the alternate name to be used in the	state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:				ш
C T Corporation System				Chicago
(Name)			25 P	Green and a second
1200 South Pine Island Road			PH 3: OF STA OF LOR	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			3: 39 TATE ORIDA	W. Carrier
	Plantation FL	33324		
	City/State/2	Zip	_	
	een named as registered agent and to accept servi			and a

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.

By: (Signature)

J.I. Miles, Asst. Secy.

\$ 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: VALUE PLACE JACKSONVILLE BUSCH LLC

Structure: KANSAS LIMITED LIABILITY COMPANY

Business Entity ID Number: 4192597

Was filed in this office on April 17, 2008 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 04/21/2008.

RON THORNBURGH SECRETARY OF STATE

Certificate ID: 166916 - To verify the validity of this certificate please visit <a href="https://www.accesskansas.org/businessentity/validate.html">https://www.accesskansas.org/businessentity/validate.html</a> and enter the certificate ID number.