. (Re	equestor's Name)
(Ac	ddress)
(Ad	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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COVER LETTER

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	stration Section sion of Corporations	
SUBJECT:	Arei, LLC	
	(Name of Limi	ted Liability Company)
Florida," Cer	• • • •	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return	all correspondence concerning this m	atter to the following:
	Kevin Trim	
	(Nai	me of Person)
	Professional Licensure Ser	vices Inc
	(Fire	m/Company)
	2104 Delta Way, Suite 1	
	1	(Address)
	Tallahassee, Florida 32303	<u> </u>
•	(City/Sta	ate and Zip Code)
For further in	nformation concerning this matter, plea	ase call:
Rich	nard Matthew Woods	_at (_636) 464-7663
	(Name of Person)	(Area Code & Daytime Telephone Number)
MAI	LING ADDRESS:	STREET ADDRESS:
	sion of Corporations	Division of Corporations
	Box 6327	Clifton Building
rana	hassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
	a check for the following amount: 25.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of}\$	\$155.00 Filing Fee & \$\sum \frac{1}{2}\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

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: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") (FEI number, if applicable) 2 Missouri (Jurisdiction under the law of which foreign limited liability company is organized) 4 02/22/2008 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6. June 13, 2008 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) ₇ 1375 Highway M Barnhart, MO 63012 (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: Richard Matthew Woods 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida:

Signature of a member or an authorized representative of a member of a member

Typed or printed name of signee

Richard Matthew Woods

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.

If name unavailable, the alternate na	ame to be used in the state of Florida is:
2. The name and the Florida street a	address of the registered agent and office are:
Kevin Trim	
	(Name)
2104 Delta Wa	ay, Suite 1
Florida S	treet Address (P.O. Box NOT ACCEPTABLE)
	Tallahassee, FL 32303

liability company at the place designated in this certificate, I hereby accept the appointment as register 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)

FILED

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ECRETARY OF STAIL

OF MISSOURI STATE



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 oustody reveal that

> AREI, LLC LC0875872

was created under the laws of this State on the 22nd day of February, 2008, and is in goods 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 28th day of May, 2008

Secretary of State

Certification Number: 10776547-1 Reference: DB

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