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2008 OCT -3 AM II: 22 SECRETARY OF STATE

T. CLINE

OCT - 6 2008

EXAMINER

COVER LETTER

	tration Section on of Corporations			
SUBJECT:	(Mame of	「VE」した。 Limited Liability Company)	-	
Florida," Cert	"Application by Foreign Limited tificate of Existence, and check a bany to transact business in Floric	d Liability Company for Authorization to Tree submitted to register the above referenced a	Fransact Busines ed foreign limite	ss in ed
Please return	all correspondence concerning th	nis matter to the following:		
	Shannon	(Name of Person)		
		(Nume of Ferson)		
	White Comp	(Firm/Company)		
	1600 S. Bre	extraved, Ste 770 (Address)	2001 SE	
		ty/State and Zip Code)	1008 OCT -3 AM 11: 22 SECRETARY OF STATE FALLAHASSEE, FLORID	
For further in	formation concerning this matter	r, please call:	AM II: 2 OF STATE, FLORI	Secret in
	Staunon Tayon_	at (3/4) 373~)77 (Area Code & Daytime Telephor		
	(Name of Person)	(Area Code & Daytime Telephor	ne Number)	
Divisi P.O. F	LING ADDRESS: ion of Corporations Box 6327 nassee, 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\$	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Fi	iling Fee, Certificat f Status & Certified	

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 FOLLIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	REIGN
1. (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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabil Company," "L.L.C.," "LLC.")	written ity
2. Stak of Missouri 3. 20-4/c/p4703 (FEI number, if applicable)	
4. (Date of Organization) 5. (Duration: Year limited liability company will cease to exist or "perpetual")	
6. Ugust 3008 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 16(x) S. Brentwood Blud., Ste 770	
St. Louis, MO 63144 (Street Address of Principal Office)	-17
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: Thomas J. White Clo White Company on 2	
1600 S Brentward Blud, Ste 770	
St. Lauis, mo 63144	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receive 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 eath of the translator must be submitted.)	ords in
11. Nature of business or purposes to be conducted or promoted in Florida:	
Real Estate Ownership and Clevelopment	
Thrum hat	
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.)	
Thomas White	
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:		
Conway Centre, L.C.		
If name unavailable, 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:		
Thomas J.Whik (Name)	ZOOR OCT	a Tipo de Tipo
1555 NW St. Lucie Blud Florida Street Address (P.O. Box NOT ACCEPTABLE)	-3 ARY SSE	Transition of the same of the
POST St. Lucie FL 301986	AM II: 22 OF STATE E, FLORIDI	€,,
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all relating to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 608, Florida States	nt as register l statutes accept the	ed
Them het		

\$ 100.00 Filing Fee for Application\$ 25.00 Designation of Registered Agent

Certificate of Status (optional)

\$ 30.00 Certified Copy (optional)

\$ 5.00

(Signature)

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

CONWAY CENTRE, L.L.C. LC0729538

was created under the laws of this State on the 5th day of April, 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 September, 2008

n Camahan

Secretary of State

