# M10000004859

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



200186639042

11/02/10--01002--002 \*\*125.00

ONOV-2 PHI2: 56

11-3-10,00

#### **COVER LETTER**

Division of Corporations			
SUBJECT: VRE Englewood, L.L.C	·		
- Nam	e of Limited Liability Company		
	lity Company for Authorization to Transact Business in Flor ove referenced foreign limited liability company to transact		
Please return all correspondence concerning this mat	tter to the following:		
Ellen Gillen			
·	Name of Person		
Summers Compton Wells	PC Firm/Company	<del></del>	
	rimi/Company		
8909 Ladue Road	72.		
	Address	5 5	i,
	AH£	YOW	Ť
St. Louis, MO 63124	(A)	- 4	192
	City/State and Zip Code	-0	
egillen@summerscom	ptonwells.com	PH 12:	$\overline{O}$
E-mail address: (to	be used for future annual report notification)	; 	
For further information concerning this matter, pleas	e call:	ത	
Ellen Gillen	<sub>at (</sub> 314 <sub>)</sub> 991-4999		
Name of Person	Area Code & Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amour \$125.00 Filing Fee Certificate of State	& \$155.00 Filing Fee & \$160.00 Filing Fee, Cert		

## 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 IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	1. VRE Englewood, L.L.C.  (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 writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
	2. Missouri 3. N/A
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
	4. October 27, 2010 5. Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
х	6. 11/ <u>12</u> /2010
	(Date first transacted business in Florida, if prior to registration.)
	7. 100 S. Brentwood Boulevard, Suite 240
	Clayton Missouri 63105
	(Street Address of Principal Office)
	8. If limited liability company is a manager-managed company, check here   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:
	Ocala First Corporation, Inc., Manager, By: Henry D. Warshaw, President
	100 S. Brentwood Boulevard, Suite 240
	Clayton, Missouri 63105
	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 eath of the translator must be submitted.)
	11. Nature of business or purposes to be conducted or promoted in Florida: acquire, own, finance, encumber
	lease, sell, manage, maintain, redevelop/and operate real property and the improvements thereon
	x illows Markour
	Signature of a member or an authorized representative of a member.
	(In accordance with section 608.408(1)/F.S., the execution of this document constitutes an affirmation under the
	penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
	Ocala First Corporation, Inc., Manager, By: Henry D. Warshaw, President

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:			
VRE Englewood, L.L.C.			_
If unavailable, the alternate to be used in the state of Florida is:			
The name and the Florida street address of the registered agent and office are:  Mark O'Connell	SECIC	10 NOV	_
(Name)	AS	₹ :	П
415 SW 14th Street Florida Street Address (P.O. Box NOT ACCEPTABLE)	( 1) ***;		
Ocala, Florida 34471 FL City/State/Zip	)A	n	

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 of registered agent as provided for in Chapter 608, Florida Statutes.

\$ 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

10 NOV -2 PM 12: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

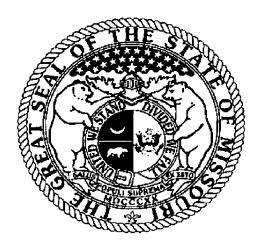
#### VRE ENGLEWOOD, L.L.C. LC1094835

was created under the laws of this State on the 27th day of October, 2010, 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 28th day of October, 2010

n Amahan

Secretary of State



Certification Number: 13287118-1 Reference:

Verify this certificate online at https://www.sos.mo.gov/businessentity/soskb/verify.asp